

State of Colorado
Energy & Carbon Management Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:
403748797

Date Received:
04/09/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC Operator Number: 100322

Name of Operator: NOBLE ENERGY INC

Address: 1099 18TH STREET SUITE 1500

City: DENVER State: CO Zip: 80202

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

-

rbucogccinspectionreports@chevron.onmicrosoft.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 697602321

Inspection Date: 03/29/2024

FIR Submit Date: 04/03/2024

FIR Status: _____

Inspected Operator Information:

Company Name: NOBLE ENERGY INC

Company Number: 100322

Address: 1099 18TH STREET SUITE 1500

City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 332527

Location Name: EWING-64N66W Number: 14NWNE County: _____

Qtrqtr: NWNE Sec: 14 Twp: 4N Range: 66W Meridian: 6

Latitude: 40.317310 Longitude: -104.741780

FACILITY - API Number: 05-123-00

Facility ID: 485802

Facility Name: Robert 28-14 Number: _____

Qtrqtr: NWNE Sec: 14 Twp: 4N Range: 66W Meridian: 6

Latitude: 40.317310 Longitude: -104.741780

CORRECTIVE ACTIONS:

1 CA# 193957

Corrective Action: Oil and Gas Facilities will be adequately fenced to restrict access by unauthorized persons.

Date: 04/10/2024

Response: CA COMPLETED

Date of Completion: 04/08/2024

Operator Comment: Reinstalled well panels and sign to restricted access by unauthorized persons. This flowline is set for removal and the facility is going to be removed. This site is on the current decommissioning schedule for May 6th to start.

ECMC Decision: _____

ECMC
Representative:

2 CA# 193958

Corrective Action: Operator shall immediately submit a Form 19 since the 90 days has passed. If impacts remain in-situ Operator will immediately submit a Form 19 and Form 27 that includes a specific workplan and timeline to address the remaining impacts.

Date: 03/27/2024

Response: CA COMPLETED

Date of Completion: 04/03/2024

Operator Comment: Form 19 Supplemental was submitted on 04/03/2024, document number is 403738954.

ECMC Decision:

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Completed both corrective actions.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Jeff White

Signed: _____

Title: HSE

Date: 4/9/2024 6:46:54 PM

ATTACHMENT LIST

View Attachments in Imaged Documents on ECMC website (<http://ecmcweblink.state.co.us/>) - Search by Document Number.

<u>Document Number</u>	<u>Description</u>
403748799	photo
403748800	photo

Total Attach: 2 Files