

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:
403694810

Date Received:
02/22/2024

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 4 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

Krystal Heibel

krystal.heibel@state.co.us

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NBL_DJBU_Inspections@NBLENERGY.COM

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rbucogccinspectionreports@chevron.onmicrosoft.com

Kyle Waggoner

kyle.waggoner@state.co.us

ECMC INSPECTION SUMMARY:

FIR Document Number: 709100213

Inspection Date: 02/07/2024

FIR Submit Date: 02/16/2024

FIR Status: _____

Inspected Operator Information:

Company Name: NOBLE ENERGY INC

Company Number: 100322

Address: 2001 16TH STREET SUITE 900

City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 431817

Location Name: SHABLE FEDERAL LB Number: 29-62HN County: _____

Qtrqtr: NWN Sec: 33 Twp: 9N Range: 60W Meridian: 6
W

Latitude: 40.712503 Longitude: -104.106417

FACILITY - API Number: 05-123- -00 Facility ID: 431817

Facility Name: SHABLE FEDERAL LB Number: 29-62HN

Qtrqtr: NWN Sec: 33 Twp: 9N Range: 60W Meridian: 6
W

Latitude: 40.712503 Longitude: -104.106417

CORRECTIVE ACTIONS:

1 CA# 192104

Corrective Action: Comply with Rule 606

Date: 02/23/2024

Response: CA COMPLETED

Date of Completion: 02/21/2024

Operator Comment: Complied with Rule 606

ECMC Decision: Approved

ECMC Representative:

4 CA# 192107

Corrective Action: Comply with Rule 606

Date: 02/23/2024

Response: CA COMPLETED

Date of Completion: 02/21/2024

Operator Comment: Complied with Rule 606

ECMC Decision: Approved

ECMC Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Complied with Rule 606

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

Print Name: Javier Pellacani

Signed: _____

Title: HSE

Date: 2/22/2024 9:32:12 AM

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>
403694810	FIR RESOLUTION SUBMITTED
403694831	Location Photo
403694834	Location Photo
403694836	Location Photo

Total Attach: 4 Files