

# State of Colorado Energy & Carbon Management Commission



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Document Number:  
403787427

Date Received:  
05/11/2024

## 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
.		<a href="mailto:rbucogccinspectionreports@chevron.onmicrosoft.com">rbucogccinspectionreports@chevron.onmicrosoft.com</a>

ECMC INSPECTION SUMMARY:

FIR Document Number: 696306219

Inspection Date: 04/08/2024

FIR Submit Date: 04/08/2024

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: 431371

Location Name: Timbro Number: LC13 ECO County: \_\_\_\_\_

Qtrqtr: N/2N/ Sec: 24 Twp: 9N Range: 59W Meridian: 6  
2

Latitude: 40.742739 Longitude: -103.926256

FACILITY - API Number: 05-123- -00 Facility ID: 431371

Facility Name: Timbro Number: LC13 ECO

Qtrqtr: N/2N/ Sec: 24 Twp: 9N Range: 59W Meridian: 6  
2

Latitude: 40.742739 Longitude: -103.926256

CORRECTIVE ACTIONS:

1 CA# 194092

Corrective Action: Complete flowline and crude oil transfer line abandonments to comply with Rule 1105.

Date: 05/10/2024

Response: CA COMPLETED

Date of Completion: 05/09/2024

Operator Comment: Complied with Rule 1105.

ECMC Decision:

ECMC  
Representative:

[Empty text box]

2 CA# 194093

Corrective Action: Install sign to comply with Rule 605.h.

Date: 05/10/2024

Response: CA COMPLETED

Date of Completion: 05/09/2024

Operator  
Comment:

Complied with Rule 605.h.

ECMC Decision:

[Empty text box]

ECMC  
Representative:

[Empty text box]

**OPERATOR COMMENT AND SUBMITTAL**

Comment: Completed both Corrective Actions.

[Empty text box]

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: 5/11/2024 12:25:03 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

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Total Attach: 1 Files