

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:
403800163

Date Received:
05/22/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:
3 of 3 CAs from the FIR responded to on this Form
3 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
-		NBL_DJBU_Inspections@NBLENERGY.COM
-		nbl_djbu_inspections@nblenergy.com
-		rbucogccinspectionreports@chevron.onmicrosoft.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 694100363
Inspection Date: 05/10/2024 FIR Submit Date: 05/16/2024 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: 305680

Location Name: BLEHM N-65N67W Number: 26SENE County:
Qtrqtr: SENE Sec: 26 Twp: 5N Range: 67W Meridian: 6
Latitude: 40.372680 Longitude: -104.853770

FACILITY - API Number: 05-123-00 Facility ID: 305680

Facility Name: BLEHM N-65N67W Number: 26SENE
Qtrqtr: SENE Sec: 26 Twp: 5N Range: 67W Meridian: 6
Latitude: 40.372680 Longitude: -104.853770

CORRECTIVE ACTIONS:

1 CA# 195239

Corrective Action: Repair or install berms or other secondary containment devices per Rule 603.o. Date: 06/13/2024

Response: CA COMPLETED Date of Completion: 05/21/2024

Operator Comment: Complied with Rule603/o.

ECMC Decision: _____

ECMC Representative: _____

2 CA# 195240

Corrective Action: Comply with Rule 606

Date: 06/03/2024

Response: CA COMPLETED

Date of Completion: 05/21/2024

Operator Comment: Complied with Rule 606.

ECMC Decision: _____

ECMC Representative: _____

3 CA# 195241

Corrective Action: Install or repair required BMPs per Rule 1002.f.(2)C

Date: 06/13/2024

Response: CA COMPLETED

Date of Completion: 05/21/2024

Operator Comment: Complied with Rule 1002.f.(2)C.

ECMC Decision: _____

ECMC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Completed all 3 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: 5/22/2024 11:07:11 AM

ATTACHMENT LIST

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

Document Number **Description**

403800175 photos

Total Attach: 1 Files