



Form 3A - Financial Assurance

Summary Information Overview

Form Name:	Form 3A - Financial Assurance
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Operator Information

Operator Number: **100322**
Operator Name: **NOBLE ENERGY INC**
Operator Address: **1099 18TH STREET SUITE 1500 ATTN: RANDY THWEATT**
Operator City: **DENVER**
Operator State: **CO**
Operator Zip: **80202**
First Name: **RANDY**
Last Name: **THWEATT**
Contact Phone: **(303) 829-2393**
Contact Email: **randythweatt@chevron.com**
Subsidiary Operators: **None**

Summary

Financial Assurance Option: **1**
Financial Assurance Plan Amount \$: **\$6,165,000.00**
Form 3A - Balance \$: **\$0.00**

Rule 702 - Plugging, Abandonment, and Reclamation

Total Financial Assurance Required: **\$6,015,000.00**
Form 3A - Rule 702 Balance \$: **\$0.00**

Rule 703 - Other Oil and Gas Facilities & Operations

Total Financial Assurance Required: **\$150,000.00**
Form 3A - Rule 703 Balance \$: **\$0.00**

703 (E&P Waste Facilities) - Total Financial Assurance Required: **\$50,000.00**

Form 3A - Rule 703 Waste Facilities Balance \$: **\$0.00**

703 (Remediation Projects) - Total Financial Assurance Required: **\$0.00**

Form 3A - Rule 703 Remediation Projects Balance \$: **\$0.00**

703 (Seismic Operations) - Total Financial Assurance Required: **\$0.00**

Form 3A - Rule 703 Seismic Operations Balance \$: **\$0.00**

703 (Gas Facilities) - Financial Assurance Selection: **Blanket**

703 (Gas Facilities) - Total Financial Assurance Required: **\$100,000.00**

Form 3A - Rule 703 Gas Facilities Balance \$: **\$0.00**

703 (Produced Water Transfer Systems) - Total Financial Assurance Required: **\$0.00**

Form 3A - Rule 703 Produced Water Transfer Systems Balance \$: **\$0.00**

703 (Commercial Disposal Facilities) - Total Financial Assurance Required: **\$0.00**

Form 3A - Rule 703 Gas Facilities Balance \$: **\$0.00**

Rule 704 - Surface Owner Protection Bonds

Financial Assurance Selection: **Blanket**

Total Financial Assurance Required: **\$0.00**

Form 3A - Rule 704 Balance \$: **\$0.00**

Exempt from Rule 704: ☐

Instrument Allocation Summary

Instrument Summary: **None**

Signature and Certification

I hereby certify all statements made on this form are, to the best of my knowledge at the time of submittal, true, correct, and complete.

Operator Comments:

Name: **RANDY THWEATT**

Title: **REGULATORY MANAGER**

Email: **randythweatt@chevron.com**

Phone: **(303) 829-2393**

Signature:

Randy
Thurmond

Associated Documents

403881749 - FORM 3A SUBMITTED

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