

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:
404036015

Date Received:
12/19/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 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

Inspections

rbucogccinspectionreports@chevron.onmicrosoft.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 718000010

Inspection Date: 12/04/2024

FIR Submit Date: 12/10/2024

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: 435930

Location Name: RELIANCE E Number: 23-79HN County: _____

Qtrqtr: SWS Sec: 14 Twp: 6N Range: 65W Meridian: 6
W

Latitude: 40.479540 Longitude: -104.638160

FACILITY - API Number: 05-123- -00 Facility ID: 435930

Facility Name: RELIANCE E Number: 23-79HN

Qtrqtr: SWS Sec: 14 Twp: 6N Range: 65W Meridian: 6
W

Latitude: 40.479540 Longitude: -104.638160

CORRECTIVE ACTIONS:

1 CA# 200957

Corrective Action: The Operator shall submit a Supplemental Form 27 for Remediation Project 31028 that includes a site specific Site Investigation Plan for the equipment and facilities proposed to be removed from the location. The Supplemental Form 27 shall also include an as-built or similar detailed facilities drawing that illustrates the equipment and process piping on location and identifies what exactly will be removed. This Form 27 is due within 30 days (by January 9, 2025).

Date: 01/04/2025

Response: CA COMPLETED

Date of Completion: 12/19/2024

Chevron no longer plans to decommission this location and has request closure of this REM on a Form 27 Doc#

Operator 404031751.
Comment:

ECMC Decision:

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Form 27 Doc# 404031751

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: 12/19/2024 3:34:42 PM

ATTACHMENT LIST

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

Document Number **Description**

404036015	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files