

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:
404434013

Date Received:
11/12/2025

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
.		rbucogccinspectionreports@chevron.onmicrosoft.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 719700178

Inspection Date: 10/10/2025 FIR Submit Date: 10/13/2025 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: 419036

Location Name: SMITH PC AB Number: 18-03 County: WELD

Qtrqtr: NENW Sec: 18 Twp: 7N Range: 64W Meridian: 6

Latitude: 40.578490 Longitude: -104.594641

FACILITY - API Number: 05-123-00 Facility ID: 419037

Facility Name: SMITH PC AB Number: 18-03

Qtrqtr: NENW Sec: 18 Twp: 7N Range: 64W Meridian: 6

Latitude: 40.578490 Longitude: -104.594641

CORRECTIVE ACTIONS:

1 CA# 208694

Corrective Action: *Remove, manage, & control overgrown vegetation around wellsite(s).
Comply with Rule 606.c. (30-days).
See photo(s) #1, 2.

Date: 11/12/2025

Response: CA COMPLETED Date of Completion: 11/12/2025

Operator Comment: Complied with Rule 606.c.

ECMC Decision: _____

ECMC
Representative:

2 CA# 208695

Corrective Action: ** Mitigate stained soil around wellsite(s).
Comply with Rules 905.e (Oily Waste) & 608.e (Mechanical Conditions). (30-days).
See photo(s) #1-4.

Date: 11/12/2025

Response: CA COMPLETED

Date of Completion: 11/12/2025

Operator
Comment: Complied with Rule 905.e and 608.e.

ECMC Decision: _____

ECMC
Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: See completed photos.

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: 11/12/2025 9:18:05 PM

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>
404434013	FIR RESOLUTION SUBMITTED
404434016	completed photos

Total Attach: 2 Files