

State of Colorado
Energy & Carbon Management Commission



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Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:
404441965

Date Received:
11/19/2025

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 5 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
<u>WHITE, JEFFERY</u>		<u>jeffery.white@chevron.com</u>
<u>Graber, Nikki</u>		<u>nikki.graber@state.co.us</u>
<u>Peterson, Dan</u>		<u>danpeterson@chevron.com</u>
.		<u>rbucogccinspectionreports@chevron.onmicrosoft.com</u>
<u>Rollins, Grace</u>		<u>grace.rollins@state.co.us</u>
<u>Brown, Kari</u>		<u>kari.oakman@state.co.us</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 718300096

Inspection Date: 10/30/2025

FIR Submit Date: 11/04/2025

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: 490423

Location Name: UPRC KARAKAKES Number: 490422 County: _____

Qtrqr: NWSE Sec: 13 Twp: 3N Range: 65W Meridian: 6

Latitude: 40.222821 Longitude: -104.608539

FACILITY - API Number: 05-123- -00 Facility ID: 490422

Facility Name: UPRC KARAKAKES Number: 490422

Qtrqr: NWSE Sec: 13 Twp: 3N Range: 65W Meridian: 6

Latitude: 40.222821 Longitude: -104.608539

CORRECTIVE ACTIONS:

1 CA# 209173

Corrective Action: Comply with ECMC Rules 606.a. and 606.d.

Date: 11/18/2025

Response: CA COMPLETED

Date of Completion: 11/18/2025

Operator Comment: Complied with Rule 606.a. and 606.d.

ECMC Decision: _____

ECMC Representative: _____

2 CA# 209174

Corrective Action: Comply with Rule 606.c.

Date: 11/18/2025

Response: CA COMPLETED

Date of Completion: 11/18/2025

Operator Comment: Complied with Rule 606.c.

ECMC Decision: _____

ECMC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: 2 of 5 Corrective Actions are completed. We are working on resolving the other 3. See 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: 11/19/2025 9:12:52 AM

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>
404441965	FIR RESOLUTION SUBMITTED
404441982	photos

Total Attach: 2 Files