

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:
404445667

Date Received:
11/20/2025

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 4 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
<u>Waggoner, Kyle</u>		<u>kyle.waggoner@state.co.us</u>
<u>Graber, Nikki</u>		<u>nikki.graber@state.co.us</u>
<u>Collins, Kilian</u>		<u>kilian.collins@state.co.us</u>
<u>Peterson, Dan</u>		<u>danpeterson@chevron.com</u>
<u>Kirschner, Steven</u>		<u>steven.kirschner@state.co.us</u>
.		<u>rbucogccinspectionreports@chevron.onmicrosoft.com</u>
<u>Brown, Kari</u>		<u>kari.oakman@state.co.us</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 718300108

Inspection Date: 10/30/2025

FIR Submit Date: 11/12/2025

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: _____

Location Name: _____ Number: _____ County: _____

Qtrqtr: SWNE Sec: 13 Twp: 4N Range: 64W Meridian: 6

Latitude: 40.311263 Longitude: -104.496676

FACILITY - API Number: 05-123-00 Facility ID: 491851

Facility Name: Sater 32-13 Number: _____

Qtrqtr: SWNE Sec: 13 Twp: 4N Range: 64W Meridian: 6

Latitude: 40.311263 Longitude: -104.496676

CORRECTIVE ACTIONS:

1 CA# 209355

Corrective Action: Comply with Rules 606.c. and 1003.f.

Date: 11/26/2025

Response: CA COMPLETED

Date of Completion: 11/20/2025

Operator Comment: Complied with Rule 606.c. and 1003.f.

ECMC Decision: _____

ECMC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: 1 of 4 Corrective Actions are completed. 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: 11/20/2025 9:05:05 PM

ATTACHMENT LIST

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

Document Number Description

404445668	photos
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Total Attach: 1 Files