

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:  
404509856

Date Received:  
01/16/2026

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 2 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>Cholas, Nick</u>		<u>nick.cholas@state.co.us</u>
<u>Peterson, Dan</u>		<u>danpeterson@chevron.com</u>
<u>. Inspections</u>		<u>rbucogccinspectionreports@chevron.onmicrosoft.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 714300276

Inspection Date: 09/18/2025 FIR Submit Date: 09/24/2025 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: SWS Sec: 4 Twp: 4N Range: 66W Meridian: 6  
W

Latitude: 40.337480 Longitude: -104.789360

FACILITY - API Number: 05-123-00 Facility ID: 491270

Facility Name: Five Rivers K04-21D Number: \_\_\_\_\_

Qtrqtr: SWS Sec: 4 Twp: 4N Range: 66W Meridian: 6  
W

Latitude: 40.337480 Longitude: -104.789360

CORRECTIVE ACTIONS:

1 CA# 208320

Corrective Action: Operator shall provide an updated Form 27 for Remediation #29068 with a workplan and timeline for remediation of Spill ID 491270 Date: \_\_\_\_\_

Response: CA COMPLETED Date of Completion: 01/14/2026

Operator Comment: Form 27 submitted on 1/14/2026. Doc # 404493693.

ECMC Decision: \_\_\_\_\_

ECMC Representative: \_\_\_\_\_

OPERATOR COMMENT AND SUBMITTAL

Comment: 1 of 2 CA's completed. We are working on providing manifests.

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: 1/16/2026 2:43:39 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

<b><u>Document Number</u></b>	<b><u>Description</u></b>

Total Attach: 0 Files