

# State of Colorado Energy & Carbon Management Commission



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Document Number:  
404509955

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

Peterson, Dan

danpeterson@chevron.com

. Inspections

rbucogccinspectionreports@chevron.onmicrosoft.com

Cholas, Nick

nick.cholas@state.co.us

ECMC INSPECTION SUMMARY:

FIR Document Number: 714300270

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: SESW Sec: 21 Twp: 4N Range: 66W Meridian: 6

Latitude: 40.293354 Longitude: -104.786780

FACILITY - API Number: 05-123-00 Facility ID: 491256

Facility Name: KISSLER K 21-25 Number: \_\_\_\_\_

Qtrqtr: SESW Sec: 21 Twp: 4N Range: 66W Meridian: 6

Latitude: 40.293354 Longitude: -104.786780

CORRECTIVE ACTIONS:

**1** CA# 208309

Corrective Action: Operator shall provide an updated Form 27 for Remediation #31742 OR 37753 with a workplan and timeline for remediation of Spill ID 491256. Operator shall determine if remediation #31742 & 37753 are duplicative, and if so request closure for the duplicative project.

Date: \_\_\_\_\_

Response: CA COMPLETED

Date of Completion: 10/22/2025

Form 27 10/22/2025 Doc# 404332404. Form 19 11/24/2025 Doc#404440117. Please see documents for more

Operator information.  
Comment:

ECMC Decision:

ECMC  
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: 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 3:19:12 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