

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:
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

404509955	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files