

State of Colorado
Energy & Carbon Management Commission



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Document Number:
404510165

Date Received:
01/16/2026

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 4 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>Brown, Kari</u>		<u>kari.oakman@state.co.us</u>
<u>Ahmadian, Alexander</u>		<u>alexander.ahmadian@state.co.us</u>
<u>Peterson, Dan</u>		<u>danpeterson@chevron.com</u>
-		<u>rbucogccinspectionreports@chevron.onmicrosoft.com</u>
<u>Graber, Nikki</u>		<u>nikki.graber@state.co.us</u>
<u>Kirschner, Steven</u>		<u>steven.kirschner@state.co.us</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 718300103

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: 487521

Location Name: DECHANT OZBUN T2N-R64W-S19 L01 Loc Number: _____ County: _____

Qtrqr: SWSE Sec: 19 Twp: 2N Range: 64W Meridian: 6

Latitude: 40.116931 Longitude: -104.593513

FACILITY - API Number: 05-123-00 Facility ID: 491917

Facility Name: Dechant Ozbun T2N-R64W-S19 L01 Number: _____

Qtrqr: SWSE Sec: 19 Twp: 2N Range: 64W Meridian: 6

Latitude: 40.116931 Longitude: -104.593513

CORRECTIVE ACTIONS:

2 CA# 209337

Corrective Action:

Date: 01/13/2026

Pursuant to Rule 912.b.(6) Operator is required to submit a Form 19 Supplemental Report for the associated spill within 90 days of the spill date requesting closure pursuant to Rule 913.h and supported by adequate documentation to demonstrate that the Spill or Release has been fully cleaned up and complies with Table 915-1; or A Form 27 if any of the criteria listed in Rules 912.b.(6).B.i-iii apply. If Remediation will continue under an approved Form 27, the Operator will also submit a Form 19 – Supplemental which requests closure of the Spill or Release and includes the Remediation project number assigned by the Director.

Form 19 Supplemental requesting closure is due by January 13, 2026.

Response: CA COMPLETED

Date of Completion: 01/15/2026

Operator Comment: Form 19 submitted 1/15/2026 doc# 404507866.

ECMC Decision:

ECMC Representative:

4 CA# 209339

Corrective Action: Submit a Supplemental Form 27 to include an updated implementation schedule in addition to proposed specific actions to address the identified release. Note: Per Rule 913.d.(2) Operator shall submit a Supplemental Form 27 with an updated Implementation Schedule at least 14 days in advance of any schedule changes. Form 27s Doc #404140371 listed 05/04/2026 as the proposed Date of Initial Actions described in Site Investigation Plan (start date).

Date:

Response: CA COMPLETED

Date of Completion: 01/14/2026

Operator Comment: Form 27 submitted 1/14/2026 doc# 404493516.

ECMC Decision:

ECMC Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Working on providing manifests. Please see existing documentation that has been submitted for additional information.

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 6:00:04 PM

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>
404510165	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files