

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:
404510169

Date Received:
01/16/2026

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 2 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

Graber, Nikki

nikki.graber@state.co.us

.Inspections

rbucogccinspectionreports@chevron.onmicrosoft.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 717100444

Inspection Date: 12/16/2025

FIR Submit Date: 12/23/2025

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: 329498

Location Name: KY BLUE-63N65W Number: 25SWSE County: _____

Qtrqr: SWSE Sec: 25 Twp: 3N Range: 65W Meridian: 6

Latitude: 40.190758 Longitude: -104.610548

FACILITY - API Number: 05-123-00 Facility ID: 489958

Facility Name: KY Blue H 25-10 Flowline Number: _____

Qtrqr: SWSE Sec: 25 Twp: 3N Range: 65W Meridian: 6

Latitude: 40.190758 Longitude: -104.610548

CORRECTIVE ACTIONS:

1 CA# 210152

Corrective Action: Pursuant to Rule 912.b.(6) Operator was required to submit a Form 19 Supplemental Report for the associated spill within 90 days of the spill date requesting closure. The Form 19 — Supplemental Report for closure was due by 07/22/2025 (489958 & 489959) and 08/12/2025 (490198).

Date: 08/12/2025

Operator shall submit delinquent form(s) for this project.

Response: CA COMPLETED

Date of Completion: 01/16/2026

Form 19 doc# 404176081.

Operator Comment: _____

ECMC Decision: _____

ECMC Representative: _____

2 CA# 210153

Corrective Action: In accordance with Rule 913.e.(3), Operator will adopt and maintain a quarterly reporting schedule (90 days). Operator shall provide an updated Form 27 for Remediation Project # 32903.

Date: 07/07/2025

Response: CA COMPLETED

Date of Completion: 01/16/2026

Operator Comment: Form 27 doc# 404501070.

ECMC Decision: _____

ECMC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: For additional information please see existing documentation that has been submitted.

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 6:11:57 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> |
|-------------------------------|---------------------------|
| 404510169 | FIR RESOLUTION SUBMITTED |

Total Attach: 1 Files