

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:
404598953

Date Received:
03/28/2026

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 1 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

rbucogccinspectionreports@chevron.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 718801068

Inspection Date: 11/13/2025

FIR Submit Date: 12/08/2025

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: 323218

Location Name: HANSCOME-64N65W Number: 11SENW County: _____

Qtrqtr: SENW Sec: 11 Twp: 4N Range: 65W Meridian: 6

Latitude: 40.328780 Longitude: -104.632690

FACILITY - API Number: 05-123- -00 Facility ID: 323218

Facility Name: HANSCOME-64N65W Number: 11SENW

Qtrqtr: SENW Sec: 11 Twp: 4N Range: 65W Meridian: 6

Latitude: 40.328780 Longitude: -104.632690

CORRECTIVE ACTIONS:

1 CA# 209823

Corrective Action: Comply with Rule 1004 to perform additional reclamation activities at the well location and comply with final reclamation timing requirements.

Date: _____

Response: CA COMPLETED

Date of Completion: 03/28/2026

Operator Comment: Complied with Rule 1004 and mowed the location on 3/24/2026.

ECMC Decision: _____

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: The location has active remedial activity occurring on the former tank battery pad that was also a shared location with the well head. This location will be monitored and maintained to continue compliance with 900 and 1000 Series Rules.

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: 3/28/2026 11:47:34 AM

ATTACHMENT LIST

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

Document Number **Description**

404598953	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files