

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:  
404606911

Date Received:  
04/02/2026

FIR RESOLUTION FORM

Overall Status:

CA Summary:

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

3 CA# 209338

Corrective Action:

Date: 01/13/2026

Operator shall provide all waste manifests as required by Rule 905.b.(3) for oily waste hauled off site for disposal. Additionally, Operator shall provide all tickets for material hauled on site for backfill. This documentation shall be included on the subsequent Supplemental Form 19.

Response: CA COMPLETED

Date of Completion: 04/02/2026

Operator  
Comment:

Complied with with Rule 905.b. See attachment.

ECMC Decision: \_\_\_\_\_

ECMC  
Representative:

\_\_\_\_\_

**OPERATOR COMMENT AND SUBMITTAL**

Comment: This is an active remediation. See existing supplemental Forms for additional information and updates after the inspection was done.

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: 4/2/2026 8:47:44 PM

**ATTACHMENT LIST**

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

<b><u>Document Number</u></b>	<b><u>Description</u></b>
404606911	FIR RESOLUTION SUBMITTED
404606912	copies of manifests and tickets

Total Attach: 2 Files