

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:
404625691

Date Received:
04/18/2026

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>Brown, Kari</u>		<u>kari.oakman@state.co.us</u>
<u>Waggoner, Kyle</u>		<u>kyle.waggoner@state.co.us</u>
<u>Kirschner, Steven</u>		<u>steven.kirschner@state.co.us</u>
<u>Collins, Kilian</u>		<u>kilian.collins@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>

ECMC INSPECTION SUMMARY:

FIR Document Number: 718300108

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: _____

Location Name: _____ Number: _____ County: _____

Qtrqtr: SWNE Sec: 13 Twp: 4N Range: 64W Meridian: 6

Latitude: 40.311263 Longitude: -104.496676

FACILITY - API Number: 05-123-00 Facility ID: 491851

Facility Name: Sater 32-13 Number: _____

Qtrqtr: SWNE Sec: 13 Twp: 4N Range: 64W Meridian: 6

Latitude: 40.311263 Longitude: -104.496676

CORRECTIVE ACTIONS:

3 CA# 209357

Corrective Action:

Date: 11/19/2025

Operator shall manage waste in compliance with Rule 913.b.(5) and ECMC Guidance 913.b.(5)B i-v. Additionally, Operator shall properly dispose of oily waste in accordance with Rule 905.e. and attach all waste manifests, gate tickets/receipts and all tickets for material hauled on site for backfill to the replacement Form 19 per Rule 905.b.(3).

Response: CA COMPLETED

Date of Completion: 04/18/2026

Operator Comment: See Form 27 doc 404537843 submitted on 02/18/2026 and approved for all the specific information that is compiled.

ECMC Decision: _____

ECMC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: The material shown in the photos from decommissioning tested within the tolerance of the 915 table.

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: 4/18/2026 10:15:09 AM

ATTACHMENT LIST

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

Document Number **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files