

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:  
403741453

Date Received:  
04/03/2024

**FIR RESOLUTION FORM**

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed  
0 Factual Review Request

**OPERATOR INFORMATION**

OGCC 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>Dan Peterson</u> |       | <u>rbuef27@chevron.com</u>                   |
| <u>Inspections</u>  |       | <u>danpeterson@chevron.com</u>               |
|                     |       | <u>rbucogccinspectionreports@chevron.com</u> |

**COGCC INSPECTION SUMMARY:**

FIR Document Number: 693701116

Inspection Date: 02/23/2024

FIR Submit Date: 02/23/2024

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: 447346

Location Name: TREBOR B12-05,19 Number: \_\_\_\_\_ County: \_\_\_\_\_

Qtrqtr: SWN Sec: 12 Twp: 5N Range: 64W Meridian: 6  
W

Latitude: 40.416848 Longitude: -104.505903

FACILITY - API Number: 05-123- -00 Facility ID: 447346

Facility Name: TREBOR B12-05,19 Number: \_\_\_\_\_

Qtrqtr: SWN Sec: 12 Twp: 5N Range: 64W Meridian: 6  
W

Latitude: 40.416848 Longitude: -104.505903

**CORRECTIVE ACTIONS:**

**1**  CA# 192382

Corrective Action: Operator shall submit a Supplemental Form 27 with a status update.

Date: 03/08/2024

Response: CA COMPLETED

Date of Completion: 02/23/2024

A supplemental from 27 (Doc # 403697513) was submitted on 2/23/2024.

Operator  
Comment:

COGCC Decision: Approved via an AMI

COGCC  
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Complied by submitting a supplemental form 27.

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: 4/3/2024 1:12:08 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

|           |                          |
|-----------|--------------------------|
| 403741453 | FIR RESOLUTION SUBMITTED |
|-----------|--------------------------|

Total Attach: 1 Files