

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:

404139752

Date Received:

03/25/2025

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.onmicrosoft.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 714202177

Inspection Date: 02/24/2025

FIR Submit Date: 02/24/2025

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: 318582

Location Name: EDWARD HEMPLE UNIT-64N65W Number: 20NESW County: _____

Qtrqtr: NESW Sec: 20 Twp: 4N Range: 65W Meridian: 6

Latitude: 40.294211 Longitude: -104.691642

FACILITY - API Number: 05-123-00 Facility ID: 318582

Facility Name: EDWARD HEMPLE UNIT-64N65W Number: 20NESW

Qtrqtr: NESW Sec: 20 Twp: 4N Range: 65W Meridian: 6

Latitude: 40.294211 Longitude: -104.691642

CORRECTIVE ACTIONS:

1 CA# 202667

Corrective Action: Conduct maintenance on equipment, cleanup stained material and review self inspection processes per Rule 1002.f.(2).d.

Date: 01/28/2025

Response: CA COMPLETED

Date of Completion: 03/25/2025

Operator Comment: Complied with Rule 1002.f.(2).d.

ECMC Decision: _____

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Removed production equipment at tank battery ahead of PA of well. This site was not producing. The flowline removal and other equipment onsite will be removed when F27 is approved for that work scope. Emailed completed photos to inspector due to unable to label and upload.

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: 3/25/2025 10:39:31 AM

ATTACHMENT LIST

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

Document Number **Description**

404139752	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files