

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:

403671682

Date Received:

01/30/2024

## FIR RESOLUTION FORM

Overall Status: FRQ

CA Summary:

1 of 2 CAs from the FIR responded to on this Form

0 CA Completed

1 Factual Review Request

### OPERATOR INFORMATION

ECMC Operator Number: 100322

Name of Operator: NOBLE ENERGY INC

Address: 2001 16TH STREET SUITE 900

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](mailto:rbucogccinspectionreports@chevron.onmicrosoft.com)

### ECMC INSPECTION SUMMARY:

FIR Document Number: 696305861

Inspection Date: 01/26/2024

FIR Submit Date: 01/26/2024

FIR Status: \_\_\_\_\_

### Inspected Operator Information:

Company Name: NOBLE ENERGY INC

Company Number: 100322

Address: 2001 16TH STREET SUITE 900

City: DENVER State: CO Zip: 80202

### LOCATION - Location ID: 415229

Location Name: WELLS RANCH USX AE Number: 21-99HZ County: WELD

Qtrqtr: NWN Sec: 21 Twp: 6N Range: 62W Meridian: 6  
W

Latitude: 40.477950 Longitude: -104.332960

### FACILITY - API Number: 05-123-00 Facility ID: 415271

Facility Name: WELLS RANCH USX AE Number: 21-99HZ

Qtrqtr: NWN Sec: 21 Twp: 6N Range: 62W Meridian: 6  
W

Latitude: 40.477950 Longitude: -104.332960

### CORRECTIVE ACTIONS:

1 ☒ CA# 191397

Corrective Action: Comply with Rule 606

Date: 03/29/2024

Response: FACTUAL REVIEW REQUEST

Basis for Review: Findings are inappropriately tied to multiple wells

Operator Comment: Wells are Out of Service not Plugged/Abandoned, therefore equipment removal is not required at this time.

ECMC Decision: Approved

ECMC  
Representative: Approved

**OPERATOR COMMENT AND SUBMITTAL**

Comment: Wells are Out of Service not P&A'd, therefore equipment removal is not required at this time.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Javier Pellacani

Signed: \_\_\_\_\_

Title: HSE

Date: 1/30/2024 4:20:37 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

403671682	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files