

Form 19A Spill/Release Response Report

COGCC Representative: Lujan, Carlos
Receive Date: 12/15/2017
Document #: 2496161
Status: APPROVED
Project Number:

Operator Information Operator Number: 10150 Name & Address:	Contact Name and Telephone Name: Phone Number: () Fax Number: () Email:	Facility_id 259338
--	--	--------------------

Location Information:				
Facility Name-Number: - Well Name-Number: WAGON TRACK FEDERAL - 12-8				
QTRQTR: SENE	SEC: 12	TWP: 9S	RNG: 98W	Meridian: 6

OGCC Employee : Lujan Carlos Spill/Release Tracking Number : 2221287

Date (Final Resolution) : ____ Letter sent? : N
Details (Final Resolution) : ____ Check When Case Is Closed : Y

doc_num	line_item	detail_type	notify_date	party	contact	details	area_code	phone_num	email
---------	-----------	-------------	-------------	-------	---------	---------	-----------	-----------	-------

Submitted by: BLACK HILLS PLATEAU PRODU	Submitted Title:	Date Submitted: 12/15/2017	Submit Signed:
Approved by: Lujan, Carlos	Approved Title:	Approval Date: 12/18/2017	Approval Signed:

Comments/Remarks for this form

COGCC Conditions of Approval

Status: APPROVED