

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402076606

Date Received:

06/17/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

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

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10550

Name of Operator: MUSTANG RESOURCES LLC

Address: 1660 LINCOLN STREET SUITE 1450

City: DENVER State: CO Zip: 80264

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Deb Lemon

720-550-7507 ext 105

dlemon@mustangresourcesllc.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 689802725

Inspection Date: 05/20/2019

FIR Submit Date: 05/28/2019

FIR Status: _____

Inspected Operator Information:

Company Name: MUSTANG RESOURCES LLC

Company Number: 10550

Address: 1660 LINCOLN STREET SUITE 1450

City: DENVER State: CO Zip: 80264

LOCATION - Location ID: 313030

Location Name: STATE-69N91W Number: 36SWSE County: MOFFAT

Qtrqr: SWSE Sec: 36 Twp: 9N Range: 91W Meridian: 6

Latitude: 40.690087 Longitude: -107.550698

FACILITY - API Number: 05-081-00 Facility ID: 223391

Facility Name: STATE Number: 9-36

Qtrqr: SWSE Sec: 36 Twp: 9N Range: 91W Meridian: 6

Latitude: 40.690087 Longitude: -107.550698

CORRECTIVE ACTIONS:

1 CA# 125643

Corrective Action: Install sign to comply with Rule 210.b.

Date: 06/28/2019

Response: CA COMPLETED

Date of Completion: 05/29/2019

Operator Comment: Wellhead sign moved to well.

COGCC Decision: _____

COGCC
Representative:

2 CA# 125644

Corrective Action: Comply with Rule 603.f .

Date: 05/29/2019

Response: CA COMPLETED

Date of Completion: 05/29/2019

Operator
Comment:

Previously reported on FIRR document #402064892

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Sign was on pad. Moved to wellhead. See attached photo.

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

Print Name: Deb Lemon

Signed: _____

Title: Regulatory Manager

Date: 6/17/2019 8:30:52 AM

ATTACHMENT LIST

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

Document Number **Description**

402076609	Photo #1
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Total Attach: 1 Files