

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:
402086400
Date Received:
06/25/2019

FIR RESOLUTION FORM

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: 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 7205507507 ext 105 dlemon@mustangresourcesllc.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 689802637
Inspection Date: 05/07/2019 FIR Submit Date: 05/21/2019 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: 313015

Location Name: FEDERAL-69N91W Number: 25NWSE County: MOFFAT
Qtrqtr: NWSE Sec: 25 Twp: 9N Range: 91W Meridian: 6
Latitude: 40.709052 Longitude: -107.550850

FACILITY - API Number: 05-081-00 Facility ID: 223317

Facility Name: FEDERAL Number: 2-25
Qtrqtr: NWSE Sec: 25 Twp: 9N Range: 91W Meridian: 6
Latitude: 40.709052 Longitude: -107.550850

CORRECTIVE ACTIONS:

1 CA# 125347

Corrective Action: Install or repair required BMPs per Rule 1002.f. Date: 06/21/2019

Response: CA COMPLETED Date of Completion: 06/21/2019

Operator Comment: Work completed on and before 6/21/19. See attached photos.

COGCC Decision: Not Approved

Attached photos are not of access road. Attached photos appear to show ongoing movement of stormwater

COGCC Representative: across location. Photos used as responses must be taken from approximately the same location and perspective as inspection photos to be used by COGCC as alternate means of inspection. The photos on this report illustrate further non-compliance.

OPERATOR COMMENT AND SUBMITTAL

Comment:

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: 6/25/2019 8:44:26 AM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
402086400	FIR RESOLUTION SUBMITTED
402086401	Photo #1
402086403	Photo #2

Total Attach: 3 Files