

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:
402349303

Date Received:
03/23/2020

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 Contact Name and Telephone:
Name of Operator: MUSTANG RESOURCES LLC Name: _____
Address: 1660 LINCOLN STREET SUITE 1450 Phone: () _____ Fax: () _____
City: DENVER State: CO Zip: 80264 Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Deb Lemon</u>	<u>720-550-7507</u>	<u>dlemon@mustangresourcesllc.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 694900154
Inspection Date: 08/02/2019 FIR Submit Date: 08/02/2019 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: 322314

Location Name: RULISON FEDERAL-66S94W Number: 35SWNW County: _____
Qtrqr: SWN Sec: 35 Twp: 6S Range: 94W Meridian: 6
W
Latitude: 39.484490 Longitude: -107.862379

FACILITY - API Number: 05-045-00 Facility ID: 322314

Facility Name: RULISON FEDERAL-66S94W Number: 35SWNW
Qtrqr: SWN Sec: 35 Twp: 6S Range: 94W Meridian: 6
W
Latitude: 39.484490 Longitude: -107.862379

CORRECTIVE ACTIONS:

1 CA# 128912

Corrective Action: Comply with rule 603.f Date: 01/10/2019

Response: CA COMPLETED Date of Completion: 09/16/2019

Operator Comment: Weeds mitigated as best possible during winter months.

COGCC Decision: _____

COGCC
Representative:

2 CA# 128913

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

Date: 09/02/2019

Response: CA COMPLETED

Date of Completion: 01/06/2020

Operator
Comment: New signs installed at all locations. Date is estimated, but within 30 days.

COGCC Decision: _____

COGCC
Representative:

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: 3/23/2020 11:15:52 AM

ATTACHMENT LIST

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

Document Number **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files