

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

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

dlemon@mustangresourcesllc.com

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: Approved pending re-inspection

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: Approved pending re-inspection

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**

402349303	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files