

State of Colorado Oil and Gas Conservation Commission

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Document Number:
402454046

Date Received:
07/28/2020

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: <u>10550</u>	Contact Name and Telephone:
Name of Operator: <u>MUSTANG RESOURCES LLC</u>	Name: _____
Address: <u>1660 LINCOLN STREET SUITE 1450</u>	Phone: () _____ Fax: () _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80264</u>	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: 700700986
 Inspection Date: 06/29/2020 FIR Submit Date: 06/29/2020 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: 322298

Location Name: JUHAN FEDERAL-66S94W Number: 35NWNW County: _____
 Qtrqr: NWN Sec: 35 Twp: 6S Range: 94W Meridian: 6
W
 Latitude: 39.486360 Longitude: -107.861279

FACILITY - API Number: 05-045-00 Facility ID: 322298

Facility Name: JUHAN FEDERAL-66S94W Number: 35NWNW
 Qtrqr: NWN Sec: 35 Twp: 6S Range: 94W Meridian: 6
W
 Latitude: 39.486360 Longitude: -107.861279

CORRECTIVE ACTIONS:

1 CA# 140077

Corrective Action: cleanup stained material and review self inspection processes. Date: 07/06/2020

Response: CA COMPLETED Date of Completion: 07/02/2020

Operator Comment: Cleanup complete.

COGCC Decision: _____

COGCC
Representative:

2 CA# 140078

Corrective Action: Securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 605.d.

Date: 06/30/2020

Response: CA COMPLETED

Date of Completion: 06/30/2020

Operator
Comment:

Location was depressurized, greased and repaired within 24 hours.

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: 7/28/2020 8:49:48 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