

State of Colorado
Oil and Gas Conservation Commission

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Document Number:
402507730

Date Received:
10/09/2020

FIR RESOLUTION FORM

Overall Status: CAC

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: 100321
Name of Operator: ROCKY MTN NATURAL GAS LLC ADBA BLACK HILLS ENERGY
Address: 1515 ARAPAHOE ST TOWER 1
City: DENVER State: CO Zip: 80202

Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Belcher, Austin</u>	<u>719-393-6639</u>	<u>Austin.Belcher@blackhillscorp.com</u>
<u>Kellerby, Shaun</u>		<u>shaun.kellerby@state.co.us</u>
<u>Mobley, Karla</u>		<u>kkmobley@fs.fed.us</u>
<u>Warnes, Thomas</u>	<u>970-989-7053</u>	<u>Thomas.Warnes@blackhillscorp.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 699801406
Inspection Date: 07/09/2020 FIR Submit Date: 07/09/2020 FIR Status: _____

Inspected Operator Information:

Company Name: ROCKY MTN NATURAL GAS LLC ADBA BLACK HILLS ENERGY Company Number: 100321
Address: 1515 ARAPAHOE ST TOWER 1
City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 314171

Location Name: WOLF CREEK UNIT-68S90W Number: 36NWSW County: _____
Qtrqtr: NWS Sec: 36 Twp: 8S Range: 90W Meridian: 6
W
Latitude: 39.315425 Longitude: -107.398803

FACILITY - API Number: 05-097-00 Facility ID: 314171

Facility Name: WOLF CREEK UNIT-68S90W Number: 36NWSW
Qtrqtr: NWS Sec: 36 Twp: 8S Range: 90W Meridian: 6
W
Latitude: 39.315425 Longitude: -107.398803

CORRECTIVE ACTIIONS:

1 CA# 140358

Corrective Action: All tanks with a capacity of ten (10) barrels or greater shall be labeled with name of operator, operator's emergency contact telephone number, tank capacity, tank contents and (NFPA) Label.

Date: 10/09/2020

Response: CA COMPLETED

Date of Completion: 10/09/2020

Operator
Comment:

Labels have been added to all tanks with a capacity of ten (10) barrels or greater.

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: Austin Belcher

Signed: _____

Title: Environmental Professiona

Date: 10/9/2020 2:09:32 PM

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