

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:
402507765

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>Little, Ally</u>	<u>307-778-2123</u>	<u>Ally.Little@blackhillscorp.com</u>
<u>Gross, Jason</u>	<u>970-876-9046</u>	<u>jason.gross@usda.gov</u>
<u>Warnes, Thomas</u>	<u>970-406-1467</u>	<u>thomas.warnes@blackhillscorp.com</u>
<u>Belcher, Austin</u>	<u>719-393-6639</u>	<u>Austin.Belcher@blackhillscorp.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 692402416

Inspection Date: 07/27/2020

FIR Submit Date: 08/10/2020

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: 314170

Location Name: WOLF CREEK UNIT-68S90W Number: 35NWSE County: _____

Qtrqr: NWSE Sec: 35 Twp: 8S Range: 90W Meridian: 6

Latitude: 39.314505 Longitude: -107.404633

FACILITY - API Number: 05-097-00 Facility ID: 314170

Facility Name: WOLF CREEK UNIT-68S90W Number: 35NWSE

Qtrqr: NWSE Sec: 35 Twp: 8S Range: 90W Meridian: 6

Latitude: 39.314505 Longitude: -107.404633

CORRECTIVE ACTIONS:

1 CA# 141108

Corrective Action: Install, repair/maintain required BMPs per Rule 1002.f.

Date: 08/31/2020

Response: CA COMPLETED

Date of Completion: 10/02/2020

All applicable BMPs have been addressed. NOTE: Due to the US Forest Service closing Road 300 to replace a

Operator Comment: culvert which prevented access to the Wolf Creek sites, additional time was required to eventually access the facility and address identified corrective actions.

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 2:24:57 PM

ATTACHMENT LIST

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

Document Number **Description**

--	--

Total Attach: 0 Files