

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:

402507790

Date Received:

10/09/2020

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 2 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>Warnes, Thomas</u>	<u>970-406-1467</u>	<u>thomas.warnes@blackhillscorp.com</u>
<u>Little, Ally</u>	<u>307-778-2123</u>	<u>Ally.Little@blackhillscorp.com</u>
<u>Belcher, Austin</u>	<u>719-393-6639</u>	<u>Austin.Belcher@blackhillscorp.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 692402405

Inspection Date: 07/27/2020

FIR Submit Date: 08/06/2020

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: 314167

Location Name: WOLF CREEK UNIT-GOV-69S90W Number: 2SEnw County: _____

Qtrqr: SEnw Sec: 2 Twp: 9S Range: 90W Meridian: 6

Latitude: 39.303635 Longitude: -107.407393

FACILITY - API Number: 05-097-00 Facility ID: 314167

Facility Name: WOLF CREEK UNIT-GOV-69S90W Number: 2SEnw

Qtrqr: SEnw Sec: 2 Twp: 9S Range: 90W Meridian: 6

Latitude: 39.303635 Longitude: -107.407393

CORRECTIVE ACTIONS:

2 CA# 141060

Corrective Action: Install or repair required BMPs per Rule 1002.f.

Date: 08/27/2020

Response: CA COMPLETED

Date of Completion: 08/27/2020

The BMP repairs were completed after the US Forest Service reopened Forest Service Road 300 after

Operator
Comment: completing the installation of a new culvert.

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 2:36:17 PM

ATTACHMENT LIST

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

Document Number **Description**

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Total Attach: 0 Files