

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: _____
Qtrqtr: 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
Qtrqtr: SEnw Sec: 2 Twp: 9S Range: 90W Meridian: 6
Latitude: 39.303635 Longitude: -107.407393

CORRECTIVE ACTIIONS:

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**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files