

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:
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

Belcher, Austin

719-393-6639

Austin.Belcher@blackhillscorp.com

Kellerby, Shaun

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Warnes, Thomas

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Thomas.Warnes@blackhillscorp.com

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 ACTIONS:

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: Approved pending re-inspection

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**

402507730	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files