

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:
402629348

Date Received:
03/15/2021

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 8960
Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY LLC
Address: 410 17TH STREET SUITE #1400
City: DENVER State: CO Zip: 80202

Contact Name and Telephone:

Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Luke Kelly</u>	<u>720-315-8934</u>	<u>Lkelly@bonanzacrk.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 699103214
Inspection Date: 03/01/2021 FIR Submit Date: 03/01/2021 FIR Status: _____

Inspected Operator Information:

Company Name: BONANZA CREEK ENERGY OPERATING COMPANY LLC Company Number: 8960
Address: 410 17TH STREET SUITE #1400
City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 326793

Location Name: MCFERREN Number: 5-2 Pad County: _____
Qtrqr: SWN Sec: 2 Twp: 4N Range: 64W Meridian: 6
W
Latitude: 40.343220 Longitude: -104.524640

FACILITY - API Number: 05-123-00 Facility ID: 326793

Facility Name: MCFERREN Number: 5-2 Pad
Qtrqr: SWN Sec: 2 Twp: 4N Range: 64W Meridian: 6
W
Latitude: 40.343220 Longitude: -104.524640

CORRECTIVE ACTIONS:

1 CA# 146995

Corrective Action: Repair berms or other secondary containment devices.

Date: 04/01/2021

Response: CA COMPLETED

Date of Completion: 03/10/2021

Operator Comment: Berms have been repaired.

COGCC Decision: _____

COGCC
Representative:

2 CA# 146996

Corrective Action: Repair berms or other secondary containment devices.

Date: 04/01/2021

Response: CA COMPLETED

Date of Completion: 03/10/2021

Operator
Comment: Berm around production tank/pit has been repaired.

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: Ashley Noonan

Signed: _____

Title: Sr. Regulatory Analyst

Date: 3/15/2021 4:35:40 PM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
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402629360	Site photos
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Total Attach: 1 Files