

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:
402931611

Date Received:
01/20/2022

FIR RESOLUTION FORM

Overall Status:

CA Summary:

3 of 3 CAs from the FIR responded to on this Form

3 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10550

Name of Operator: MUSTANG RESOURCES LLC

Address: 1660 LINCOLN STREET SUITE 1450

City: DENVER State: CO Zip: 80264

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Deb Lemon

720-550-7507

dlemon@mustangresourcesllc.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 700703610

Inspection Date: 12/01/2021

FIR Submit Date: 12/02/2021

FIR Status: _____

Inspected Operator Information:

Company Name: MUSTANG RESOURCES LLC

Company Number: 10550

Address: 1660 LINCOLN STREET SUITE 1450

City: DENVER State: CO Zip: 80264

LOCATION - Location ID: 324144

Location Name: BURNS-66S94W Number: 35SWSE County: _____

Qtrqr: SWSE Sec: 35 Twp: 6S Range: 94W Meridian: 6

Latitude: 39.477380 Longitude: -107.851819

FACILITY - API Number: 05-045- -00 Facility ID: 324144

Facility Name: BURNS-66S94W Number: 35SWSE

Qtrqr: SWSE Sec: 35 Twp: 6S Range: 94W Meridian: 6

Latitude: 39.477380 Longitude: -107.851819

CORRECTIVE ACTIONS:

1 CA# 158259

Corrective Action: Mark or remove dead man

Date: 01/07/2022

Response: CA COMPLETED

Date of Completion: 12/02/2021

Operator
Comment: Fell. Fixed.

COGCC Decision: _____

COGCC
Representative:

2 CA# 158260

Corrective Action: Provide proper labeling

Date: 02/02/2022

Response: CA COMPLETED

Date of Completion: 01/19/2022

Operator
Comment: See attached pictures

COGCC Decision:

COGCC
Representative:

3 CA# 158261

Corrective Action: Comply with rule 605.e

Date: 02/02/2022

Response: CA COMPLETED

Date of Completion: 01/19/2022

Operator
Comment: See attached pictures

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: Deb Lemon

Signed:

Title: Regulatory Manager

Date: 1/20/2022 7:55:06 AM

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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402931623	Pictures
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Total Attach: 1 Files