

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:
403120443
Date Received:
07/28/2022

FIR RESOLUTION FORM

Overall Status:

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: 10665
Name of Operator: CCRP OPERATING INC
Address: 12136 W BAYAUD AVE STE 320
City: LAKEWOOD State: CO Zip: 80228
Contact Name and Telephone:
Name:
Phone: () Fax: ()
Email:

Additional Operator Contact:

Contact Name: NATHANIEL KURCZEWSKI
Phone: (720)736-7701
Email: NKURCZEWSKI@ROCKIESRESOIURCESLLC.COM

COGCC INSPECTION SUMMARY:

FIR Document Number: 697504022
Inspection Date: 06/16/2022 FIR Submit Date: 06/30/2022 FIR Status:

Inspected Operator Information:

Company Name: CCRP OPERATING INC Company Number: 10665
Address: 12136 W BAYAUD AVE STE 320
City: LAKEWOOD State: CO Zip: 80228

LOCATION - Location ID: 455554

Location Name: True Ranch Fee Number: 27 East County:
Qtrqr: SESE Sec: 27 Twp: 12N Range: 65W Meridian: 6
Latitude: 40.973394 Longitude: -104.639714

FACILITY - API Number: 05-123-00 Facility ID: 455554

Facility Name: True Ranch Fee Number: 27 East
Qtrqr: SESE Sec: 27 Twp: 12N Range: 65W Meridian: 6
Latitude: 40.973394 Longitude: -104.639714

CORRECTIVE ACTIONS:

1 CA# 163047

Corrective Action: File a variance hearing application- following the above mentioned guidance as soon as possible- and resubmit a variance request for Interim Reclamation Procedures for Delayed Operations. Date: 06/16/2022
Per Rule 210.b., Operator shall submit a FIRR once the hearing application has been submitted.
The corrective date is the date the location was observed out of compliance.

Response: CA COMPLETED Date of Completion: 07/28/2022

CCRP has submitted a variance hearing application through Jost Law on 7/28/22. CCRP can provide the docket

Operator Comment: number upon request after it has been assigned.

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: Nathaniel Kurczewski

Signed: _____

Title: Operations Manager

Date: 7/28/2022 2:13:07 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