

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:

403295267

Date Received:

01/19/2023

FIR RESOLUTION FORM

Overall Status:

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: 10633

Name of Operator: CRESTONE PEAK RESOURCES OPERATING LLC

Address: 1801 CALIFORNIA STREET #2500

City: DENVER State: CO Zip: 80202

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Mike Storey

970-939-6353

mstorey@civiresources.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 706700168

Inspection Date: 12/20/2022

FIR Submit Date: 12/31/2022

FIR Status: _____

Inspected Operator Information:

Company Name: CRESTONE PEAK RESOURCES OPERATING LLC

Company Number: 10633

Address: 1801 CALIFORNIA STREET #2500

City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 428476

Location Name: BOMHOFF Number: 5-8H County: ARAPAHOE

Qtrqr: SWN Sec: 9 Twp: 4S Range: 64W Meridian: 6
W

Latitude: 39.719119 Longitude: -104.563678

FACILITY - API Number: 05-005- -00 Facility ID: 428474

Facility Name: BOMHOFF Number: 5-8H

Qtrqr: SWN Sec: 9 Twp: 4S Range: 64W Meridian: 6
W

Latitude: 39.719119 Longitude: -104.563678

CORRECTIVE ACTIONS:

1 CA# 166858

Corrective Action: "For localized stained soils or oily waste - ""Properly dispose of oily waste in accordance with 905.e.""

Date: 01/21/2023

Response: CA COMPLETED

Date of Completion: 01/11/2023

Operator
Comment:

Oily waste was cleaned up and disposed of in accordance with 905.e. (See Exhibit A).

COGCC Decision: _____

COGCC
Representative:

2 CA# 166859

Corrective Action: Calibrate gas metering equipment annually to comply with rule 430.d.(1).

Date: 02/01/2023

Response: CA COMPLETED

Date of Completion: 01/11/2023

Operator
Comment:

Gas meter calibration card located and on location per rule 430.d.(1) (See Exhibit B).

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: 1/19/2023 10:24:21 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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403295596	Inspection Photos
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Total Attach: 1 Files