

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:
403314587

Date Received:
02/07/2023

FIR RESOLUTION FORM

Overall Status:

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: 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: 689501410
Inspection Date: 09/27/2022 FIR Submit Date: 09/29/2022 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: 432240

Location Name: Qualls Number: 28H-M368 Pad County: _____
Qtrqtr: SWS Sec: 28 Twp: 3N Range: 68W Meridian: 6
Latitude: 40.192754 Longitude: -105.015003

FACILITY - API Number: 05-123-00 Facility ID: 482710

Facility Name: Qualls Separator Number: _____
Qtrqtr: SWS Sec: 28 Twp: 3N Range: 68W Meridian: 6
Latitude: 40.192754 Longitude: -105.015003

CORRECTIVE ACTIONS:

1 CA# 164855

Corrective Action:

Date: 11/19/2022

Pursuant to Rule 912.b.(6) Operator is required to submit a Form 19 Supplemental Report for the associated spill within 90 days of the spill date requesting closure pursuant to Rule 913.h and supported by adequate documentation to demonstrate that the Spill or Release has been fully cleaned up and complies with Table 915-1; or A Form 27 if any of the criteria listed in Rules 912.b.(6).B.i-iii apply. If Remediation will continue under an approved Form 27, the Operator will also submit a Form 19 – Supplemental which requests closure of the Spill or Release and includes the Remediation project number assigned by the Director.

Response: CA COMPLETED

Date of Completion: 01/24/2023

Operator Comment: All unused and disconnected equipment has been removed from this location. (Submitted and Approved Form 19 doc# 403233072.)

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: 2/7/2023 3:49:39 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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Total Attach: 0 Files