

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:
403417666

Date Received:
05/31/2023

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: 10779

Name of Operator: SCOUT ENERGY MANAGEMENT LLC

Address: 13800 MONTFORT DRIVE SUITE 100

City: DALLAS State: TX Zip: 75240

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
Kellerby, Shaun	(970) 712-1248	shaun.kellerby@state.co.us
Patterson, Chris		Chris.Patterson@scoutep.com
Sanford, Anita	(970) 551-8313	Anita.Sanford@scoutep.com
Regulatory, Rangely		RangelyRegulatory@scoutep.com
Johnson, Mike		Mike.Johnson@scoutep.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 702501247

Inspection Date: 05/03/2023

FIR Submit Date: 05/03/2023

FIR Status: _____

Inspected Operator Information:

Company Name: CHEVRON USA INC

Company Number: 16700

Address: 760 HORIZON DRIVE STE 401

City: GRAND JUNCTION State: CO Zip: 81506

LOCATION - Location ID: 315972

Location Name: ASSOCIATED LARSON UNIT Number: 3SENW County: RIO BLANCO
B-61N102W

Qtrqtr: SENW Sec: 3 Twp: 1N Range: 102W Meridian: 6

Latitude: 40.087013 Longitude: -108.831046

FACILITY - API Number: 05-103- -00 Facility ID: 231831

Facility Name: ASSOCIATED LARSON UNIT Number: 2X
B

Qtrqtr: SENW Sec: 3 Twp: 1N Range: 102W Meridian: 6

Latitude: 40.087013 Longitude: -108.831046

CORRECTIVE ACTIONS:

2 CA# 170486

Corrective Action: Insufficient BMPs to control potential sediment discharges from operational roads, well pads, and other unpaved surfaces.

Date: 06/03/2023

Response: CA COMPLETED

Date of Completion: 05/31/2023

Operator
Comment:

Tracking pad BMP installed to prevent sediment migration from location and lease road. 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: Anita Sanford

Signed: _____

Title: Regulatory Analyst

Date: 5/31/2023 8:53:09 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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403417671	pictures
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Total Attach: 1 Files