

State of Colorado
Energy & Carbon Management Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:

403551521

Date Received:

10/05/2023

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: 10550

Name of Operator: MUSTANG RESOURCES LLC

Address: PO BOX 13550

City: BAKERSFIELD State: CA Zip: 93389

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Nikola Welch

903-806-1309

nwelch@vaqueroenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 708901807

Inspection Date: 09/25/2023

FIR Submit Date: 09/29/2023

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: 335258

Location Name: HAYNES-HARRIS-66S94W Number: 27NESE County: GARFIELD

Qtrqtr: NESE Sec: 27 Twp: 6S Range: 94W Meridian: 6

Latitude: 39.494431 Longitude: -107.868798

FACILITY - API Number: 05-045-

-00

Facility ID: 210822

Facility Name: HAYNES-HARRIS

Number: 27-43-6S-94W

Qtrqtr: NESE Sec: 27 Twp: 6S Range: 94W Meridian: 6

Latitude: 39.494431 Longitude: -107.868798

CORRECTIVE ACTIONS:

1 CA# 182665

Corrective Action: Oil and gas operators shall implement and maintain Best Management Practices (BMPs) at all oil and gas locations to control stormwater runoff in a manner that minimizes erosion, transport of sediment offsite, and site degradation. BMPs shall be maintained until the facility is abandoned and final reclamation is achieved.

Date: 10/14/2023

Response: CA COMPLETED

Date of Completion: 10/13/2023

Operator
Comment:

Signs have been ordered as of 9/25/2023. ETA of placement by 10/13/2023

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action resolution provided

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Nikota Welch

Signed: _____

Title: Regulatory Manager

Date: 10/5/2023 12:27:01 PM

ATTACHMENT LIST

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

Document Number **Description**

--	--

Total Attach: 0 Files