

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:
403603233

Date Received:
12/12/2023

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: 708902263
Inspection Date: 11/16/2023 FIR Submit Date: 11/17/2023 FIR Status: _____

Inspected Operator Information:

Company Name: MUSTANG RESOURCES LLC Company Number: 10550
Address: PO BOX 13550
City: BAKERSFIELD State: CA Zip: 93389

LOCATION - Location ID: 322325

Location Name: JUHAN RULISON UNIT-66S94W Number: 34NESW County: _____
Qtrqr: NESW Sec: 34 Twp: 6S Range: 94W Meridian: 6
Latitude: 39.479960 Longitude: -107.874199

FACILITY - API Number: 05-045-00 Facility ID: 322325

Facility Name: JUHAN RULISON UNIT-66S94W Number: 34NESW
Qtrqr: NESW Sec: 34 Twp: 6S Range: 94W Meridian: 6
Latitude: 39.479960 Longitude: -107.874199

CORRECTIVE ACTIONS:

1 CA# 188352

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: 12/02/2023

Response: CA COMPLETED Date of Completion: 11/29/2023

Operator Comment: Please see supporting documents that show Storm water issues have been resolved

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: 12/12/2023 2:34:56 PM

ATTACHMENT LIST

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

Document Number **Description**

403616590	Storm Water
-----------	-------------

Total Attach: 1 Files