

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:

403616510

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: 708902288

Inspection Date: 11/16/2023

FIR Submit Date: 11/20/2023

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: 322467

Location Name: SUPERIOR-66S94W Number: 34SWNW County: \_\_\_\_\_

Qtrqr: SWN Sec: 34 Twp: 6S Range: 94W Meridian: 6

Latitude: 39.483420 Longitude: -107.880369

#### FACILITY - API Number: 05-045-00 Facility ID: 322467

Facility Name: SUPERIOR-66S94W Number: 34SWNW

Qtrqr: SWN Sec: 34 Twp: 6S Range: 94W Meridian: 6

Latitude: 39.483420 Longitude: -107.880369

### CORRECTIVE ACTIONS:

1 CA# 188432

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: 12/05/2023

Response: CA COMPLETED

Date of Completion: 11/28/2023

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 2:42:24 PM

**ATTACHMENT LIST**

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

<b><u>Document Number</u></b>	<b><u>Description</u></b>
403616524	Storm Water picture 2
403616525	Storm Water picture 1

Total Attach: 2 Files