

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:
403739410

Date Received:
04/02/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10651

Name of Operator: VERDAD RESOURCES LLC

Address: 1125 17TH STREET SUITE 550

City: DENVER State: CO Zip: 80202

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Michael Cugnetti

720-845-6901

mcugnetti@verdadresources.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 696306107

Inspection Date: 03/18/2024

FIR Submit Date: 03/18/2024

FIR Status: _____

Inspected Operator Information:

Company Name: VERDAD RESOURCES LLC

Company Number: 10651

Address: 1125 17TH STREET SUITE 550

City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 434893

Location Name: Castor Number: 4-36-9-59 PAD County: _____

Qtrqr: NENE Sec: 36 Twp: 9N Range: 59W Meridian: 6

Latitude: 40.713510 Longitude: -103.918960

FACILITY - API Number: 05-123-00 Facility ID: 434893

Facility Name: Castor Number: 4-36-9-59 PAD

Qtrqr: NENE Sec: 36 Twp: 9N Range: 59W Meridian: 6

Latitude: 40.713510 Longitude: -103.918960

CORRECTIVE ACTIONS:

1 CA# 193231

Corrective Action: Install sign to comply with Rule 605.h.

Date: 04/19/2024

Response: CA COMPLETED

Date of Completion: 03/28/2024

Operator
Comment:

All faded or missing labels replaced. See attached photo documentation of corrective actions.

COGCC Decision: _____

COGCC
Representative:

2 CA# 193232

Corrective Action: Comply with Rule 606

Date: 04/01/2024

Response: CA COMPLETED

Date of Completion: 03/28/2024

Operator
Comment:

Belt debris removed. See attached photo documentation of corrective action.

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: Michael Cugnetti

Signed: _____

Title: Director of EHS&R

Date: 4/2/2024 11:44:18 AM

ATTACHMENT LIST

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

Document Number **Description**

403739425	Corrective Action Photo Documentation
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Total Attach: 1 Files