

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:

403746644

Date Received:

04/08/2024

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: 10150

Name of Operator: BLACK HILLS PLATEAU PRODUCTION LLC

Address: 1515 WYNKOOP ST STE 500

City: DENVER State: CO Zip: 80202

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Casey Kimble

casey.kimble@blackhillscorp.com

Randy Harris

randy.harris@blackhillscorp.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 692400430

Inspection Date: 11/21/2018

FIR Submit Date: 12/07/2018

FIR Status: _____

Inspected Operator Information:

Company Name: BLACK HILLS PLATEAU PRODUCTION LLC

Company Number: 10150

Address: 1515 WYNKOOP ST STE 500

City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 312477

Location Name: CURRIER-610S96W Number: 16SESW County: MESA

Qtrqtr: SESW Sec: 16 Twp: 10S Range: 96W Meridian: 6

Latitude: 39.182380 Longitude: -108.113470

FACILITY - API Number: 05-077- -00 Facility ID: 221726

Facility Name: CURRIER Number: 14-16

Qtrqtr: SESW Sec: 16 Twp: 10S Range: 96W Meridian: 6

Latitude: 39.182380 Longitude: -108.113470

CORRECTIVE ACTIONS:

1 CA# 120838

Corrective Action: Assess vegetation & site conditions. Apply remedies /conduct reclamation activities needed, as indicated by assessment, to ensure the uniform establishment across the site of desirable vegetation.

Date: 05/15/2019

Response: CA COMPLETED

Date of Completion: 01/31/2024

Operator Comment: Black Hills Plateau Production has conducted all final reclamation activities required by the surface owner. The surface owner has requested the access road remain in place. A variance has been filed with ECOM, Docket # 240200036.

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: Jessica Donahue

Signed: _____

Title: Compliance Specialist

Date: 4/8/2024 3:10:04 PM

ATTACHMENT LIST

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

Document Number **Description**

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Total Attach: 0 Files