

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:

403744324

Date Received:

04/05/2024

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC Operator Number: 61250

Name of Operator: MULL DRILLING COMPANY INC

Address: 1700 N WATERFRONT PKWY B#1200

City: WICHITA State: KS Zip: 67206-6637

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

OBryhim, Reesa

robryhim@mulldrilling.com

Damme, Dustin

dustin@mullcompanies.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 713600867

Inspection Date: 03/26/2024

FIR Submit Date: 03/29/2024

FIR Status: _____

Inspected Operator Information:

Company Name: MULL DRILLING COMPANY INC

Company Number: 61250

Address: 1700 N WATERFRONT PKWY B#1200

City: WICHITA State: KS Zip: 67206-6637

LOCATION - Location ID: 321574

Location Name: MULL UNIT-614S49W Number: 9NWNE County: CHEYENNE

Qtrqtr: NWNE Sec: 9 Twp: 14S Range: 49W Meridian: 6

Latitude: 38.849020 Longitude: -102.894500

FACILITY - API Number: 05-017- -00 Facility ID: 207334

Facility Name: MULL UNIT Number: 18

Qtrqtr: NWNE Sec: 9 Twp: 14S Range: 49W Meridian: 6

Latitude: 38.849020 Longitude: -102.894500

CORRECTIVE ACTIONS:

1 ☒ CA# 193731

Corrective Action: Control and contain spills/releases and clean up per Rule 912.a.
Report spill or release of E&P waste or produced fluids Remove free fluids and contact
EPS staff per Rule 912.b. 24 hours for notification and 72 hours for Initial Form 19
Report.

Date: _____

Response: CA COMPLETED

Date of Completion: 03/29/2024

Form 19, Document # 403736045 was submitted on 3/29/2024. Notifications were made within 24hrs of
Inspection indicating potential spill.

Operator
Comment:

ECMC Decision: Approved pending re-inspection

ECMC
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: Amber Barnett

Signed: _____

Title: Compliance Specialist

Date: 4/5/2024 9:35:52 AM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
403744324	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files