

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:

403728467

Date Received:

03/22/2024

## 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

ECMC 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

### ECMC INSPECTION SUMMARY:

FIR Document Number: 700902005

Inspection Date: 03/06/2024

FIR Submit Date: 03/12/2024

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: 320496

Location Name: GREAT WESTERN  
TIPPERARY

Number: 34-8

County: ADAMS

Qtrqr: SWSE Sec: 8 Twp: 1S Range: 65W Meridian: 6

Latitude: 39.973936 Longitude: -104.685519

#### FACILITY - API Number: 05-001-

-00

Facility ID: 268227

Facility Name: TIPPERARY

Number: 34-8

Qtrqr: SWSE Sec: 8 Twp: 1S Range: 65W Meridian: 6

Latitude: 39.973936 Longitude: -104.685519

### CORRECTIVE ACTIONS:

1 CA# 193001

Corrective Action: Within the designated setback, remove weeds, dead weeds per Rule 606. Corrective Action Date 3/29/2024. See attached photo # 1.

Date: 03/29/2024

Response: CA COMPLETED

Date of Completion: 03/19/2024

Operator Comment: All vegetation has been removed from the wellhead area. See attached photo documentation of corrective action.

ECMC Decision: \_\_\_\_\_

|                         |  |
|-------------------------|--|
| ECMC<br>Representative: |  |
|-------------------------|--|

OPERATOR COMMENT AND SUBMITTAL

Comment:

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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: 3/22/2024 10:35:04 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>                    |
|------------------------|---------------------------------------|
| 403728467              | FIR RESOLUTION SUBMITTED              |
| 403728475              | Corrective Action Photo Documentation |

Total Attach: 2 Files