

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:

403811533

Date Received:

06/03/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 3 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC Operator Number: 10633

Name of Operator: CRESTONE PEAK RESOURCES OPERATING LLC

Address: 555 17TH STREET SUITE 3700

City: DENVER State: CO Zip: 80202

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

Luke Kelly

Phone

970-939-6353

Email

lkelly@civiresources.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 714300046

Inspection Date: 03/01/2024

FIR Submit Date: 03/04/2024

FIR Status: _____

Inspected Operator Information:

Company Name: CRESTONE PEAK RESOURCES OPERATING LLC

Company Number: 10633

Address: 555 17TH STREET SUITE 3700

City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 321533

Location Name: ALAUX F UNIT-61N68W Number: 26NWNW County: _____

Qtrqtr: NWN Sec: 26 Twp: 1N Range: 68W Meridian: 6
W

Latitude: 40.026732 Longitude: -104.976916

FACILITY - API Number: 05-014- -00 Facility ID: 485941

Facility Name: Alaux F Unit-61N68W Number: _____
26NWNW

Qtrqtr: NWN Sec: 26 Twp: 1N Range: 68W Meridian: 6
W

Latitude: 40.026732 Longitude: -104.976916

CORRECTIVE ACTIONS:

3 CA# 192621

Corrective Action: Manage waste in compliance with Rule 913.b.iv and COGCC Guidance 913.b.(5)B i-v.

Date: 03/11/2024

Response: CA COMPLETED

Date of Completion: 03/18/2024

Operator
Comment:

Operator reported that the identified stockpile is not contaminated, and signed were ordered/installed to note the clean backfill.
(Original FIRR Doc # is not populating in Webforms, resubmitting information for ECMC review)

ECMC Decision: _____

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: A follow-up has been completed for this location.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Ashley Noonan

Signed: _____

Title: Sr Regulatory Analyst

Date: 6/3/2024 5:58:34 PM

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> |
|-------------------------------|---------------------------|
| | |

Total Attach: 0 Files