

State of Colorado
Energy & Carbon Management Commission



Document Number:

403881769

Date Received:

08/08/2024

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

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: 10639

Name of Operator: CPX PICEANCE HOLDINGS LLC

Address: 34 S WYNDEN DR STE 240

City: HOUSTON State: TX Zip: 77056

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Leonard, Mike

mike.leonard@state.co.us

Pesicka, Conor

conor.pesicka@state.co.us

Kurtenbach, Nick

nick@cpxpiceance.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 707801052

Inspection Date: 08/01/2024

FIR Submit Date: 08/02/2024

FIR Status: _____

Inspected Operator Information:

Company Name: CPX PICEANCE HOLDINGS LLC

Company Number: 10639

Address: 34 S WYNDEN DR STE 240

City: HOUSTON State: TX Zip: 77056

LOCATION - Location ID: 334457

Location Name: TPR Well Pad

Number: 25A

County: _____

Qtrqtr: SWSE

Sec: 25

Twp: 7S

Range: 94W

Meridian: 6

Latitude: 39.404522

Longitude: -107.832789

FACILITY - API Number: 05-045-

-00

Facility ID: 334457

Facility Name: TPR Well Pad

Number: 25A

Qtrqtr: SWSE

Sec: 25

Twp: 7S

Range: 94W

Meridian: 6

Latitude: 39.404522

Longitude: -107.832789

CORRECTIVE ACTIONS:

1 CA# 197303

Corrective Action: Provide key, combinations, or alternate method of access to comply with rule 204.

Date: 08/03/2024

Response: CA COMPLETED

Date of Completion: 08/02/2024

Operator Comment:

CPX provided gate access combination on Friday, 08/02/24. CPX often changes its combination due to proximity to public access areas and related trespassing issues.

ECMC Decision: _____

ECMC
Representative:

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OPERATOR COMMENT AND SUBMITTAL

Comment: CPX provided gate access combination on Friday, 08/02/24. CPX often changes its combination due to proximity to public access areas and related trespassing issues.

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

Print Name: Kent Rider

Signed: _____

Title: Regulatory Consultant

Date: 8/8/2024 9:49:51 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>
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Total Attach: 0 Files