

State of Colorado
Energy & Carbon Management Commission



Document Number:
403881769

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

Date Received:
08/08/2024

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

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
<u>Leonard, Mike</u>		<u>mike.leonard@state.co.us</u>
<u>Pesicka, Conor</u>		<u>conor.pesicka@state.co.us</u>
<u>Kurtenbach, Nick</u>		<u>nick@cpxpiceance.com</u>

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:
Qtrqr: 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
Qtrqr: 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.

Document Number **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files