

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:
404007005

Date Received:
11/25/2024

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: 8960

Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY 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

Phone

Email

Luke Kelly

970-939-6353

lkelly@civiresources.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 708201493

Inspection Date: 08/06/2024

FIR Submit Date: 08/12/2024

FIR Status: _____

Inspected Operator Information:

Company Name: BONANZA CREEK ENERGY OPERATING COMPANY LLC

Company Number: 8960

Address: 555 17TH STREET SUITE 3700

City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 305107

Location Name: Wetco Farms Number: 11-4 Pad County: _____

Qtrqr: NWN Sec: 4 Twp: 4N Range: 63W Meridian: 6

Latitude: 40.347070 Longitude: -104.449240

FACILITY - API Number: 05-123-00 Facility ID: 305107

Facility Name: Wetco Farms Number: 11-4 Pad

Qtrqr: NWN Sec: 4 Twp: 4N Range: 63W Meridian: 6

Latitude: 40.347070 Longitude: -104.449240

CORRECTIVE ACTIONS:

1 CA# 197666

Corrective Action: Perform reclamation in accordance with Rule 1004.

Date: _____

Response: CA COMPLETED

Date of Completion: 11/25/2024

Operator Comment: Operator has reported that contact was made with the ECMC Inspector and it was communicated to the Operator that the previously identified corrective action can now be disregarded and no further action is required at this time. Operator will continue to monitor the crop health during regular growing seasons.

ECMC Decision: _____

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: CA 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: 11/25/2024 6:11:45 PM

ATTACHMENT LIST

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

Document Number **Description**

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Total Attach: 0 Files