

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:
404194034

Date Received:
05/23/2025

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: 10550
Name of Operator: MUSTANG RESOURCES LLC
Address: 3 GREENWAY PLAZA STE 1360
City: HOUSTON State: TX Zip: 77046

Contact Name and Telephone:
Name:
Phone: () Fax: ()
Email:

Additional Operator Contact:

Contact Name	Phone	Email
Schlagenhauf, Mark		mark.schlagenhauf@state.co.us
Wheeler, Steven		steven.wheeler@state.co.us
COGCC		aaron.trujillo@state.co.us
Niko Welch	903-806-1309	nwelch@venatorresources.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 701104171
Inspection Date: 04/09/2025 FIR Submit Date: 04/21/2025 FIR Status:

Inspected Operator Information:

Company Name: MUSTANG RESOURCES LLC Company Number: 10550
Address: 3 GREENWAY PLAZA STE 1360
City: HOUSTON State: TX Zip: 77046

LOCATION - Location ID:

Location Name: Number: County:
Qtrqr: NWNE Sec: 26 Twp: 6S Range: 94W Meridian: 6
Latitude: 39.503470 Longitude: -107.853300

FACILITY - API Number: 05-045-00 Facility ID: 469336

Facility Name: Rulison Flowline System Number:
Qtrqr: NWNE Sec: 26 Twp: 6S Range: 94W Meridian: 6
Latitude: 39.503470 Longitude: -107.853300

CORRECTIVE ACTIONS:

1 CA# 204270

Corrective Action: Identify 4" bent and open ended line. Identify where the other end of the line is at. Properly abandon the 4" line based once details of line are discovered. Date: 05/02/2025

Response: CA COMPLETED Date of Completion: 05/13/2025

After P&A of associated well, flowline cut and capped at stream crossing. No pipe remaining in creek crossing.

Operator
Comment:

ECMC Decision:

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: After P&A of associated well, flowline cut and capped at stream crossing. No pipe remaining in creek crossing.

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

Print Name: Nikota Welch

Signed: _____

Title: Regulatory Manager

Date: 5/23/2025 9:27:24 AM

ATTACHMENT LIST

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

Document Number **Description**

404194034	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files