

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:  
404216096

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
<u>Schlagenhauf, Mark</u>		<u>mark.schlagenhauf@state.co.us</u>
<u>Niko Welch</u>	<u>903-806-1309</u>	<u>nwelch@venatorresources.com</u>
<u>Wheeler, Steven</u>		<u>steven.wheeler@state.co.us</u>
<u>Trujillo, Aaron</u>		<u>aaron.trujillo@state.co.us</u>
<u>Smelser, Wayne</u>		<u>wayne.smelser@state.co.us</u>

**ECMC INSPECTION SUMMARY:**

FIR Document Number: 701104184  
Inspection Date: 05/14/2025 FIR Submit Date: 05/16/2025 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: 324144

Location Name: BURNS-66S94W Number: 35SWSE County: GARFIELD  
Qtrqtr: SWSE Sec: 35 Twp: 6S Range: 94W Meridian: 6  
Latitude: 39.477501 Longitude: -107.851978

**FACILITY** - API Number: 05-045-00 Facility ID: 259159

Facility Name: BURNS Number: 9-35-6-94 W  
Qtrqtr: SWSE Sec: 35 Twp: 6S Range: 94W Meridian: 6  
Latitude: 39.477501 Longitude: -107.851978

**CORRECTIVE ACTIONS:**

**1** CA# 204855

Corrective Action: Comply with Rule 606 Date: 06/30/2025  
Response: CA COMPLETED Date of Completion: 05/20/2025

Operator Comment: All equipment removed from location

ECMC Decision: \_\_\_\_\_

ECMC Representative: \_\_\_\_\_

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective actions resolution provided

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

Print Name: Niko Welch

Signed: \_\_\_\_\_

Title: Regulatory Manager

Date: 5/23/2025 12:26:21 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>
404216096	FIR RESOLUTION SUBMITTED
404216330	Pad after equipment removal

Total Attach: 2 Files