

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:
404233927

Date Received:
06/09/2025

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: 10779
Name of Operator: SCOUT ENERGY MANAGEMENT LLC
Address: 13800 MONTFORT DRIVE SUITE 100
City: DALLAS State: TX Zip: 75240

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

Additional Operator Contact:

Contact Name	Phone	Email
<u>Neidel, Kris</u>		<u>kris.neidel@state.co.us</u>
<u>Fischer, Alex</u>		<u>alex.fischer@state.co.us</u>
<u>Christian, Cody</u>	<u>970-902-0518</u>	<u>Cody.Christian@scoutep.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 694500779
Inspection Date: 06/04/2025 FIR Submit Date: 06/05/2025 FIR Status: _____

Inspected Operator Information:

Company Name: SCOUT ENERGY MANAGEMENT LLC Company Number: 10779
Address: 13800 MONTFORT DRIVE SUITE 100
City: DALLAS State: TX Zip: 75240

LOCATION - Location ID: _____

Location Name: _____ Number: _____ County: _____
Qtrqr: SESE Sec: 26 Twp: 2N Range: 103W Meridian: 6
Latitude: 40.111290 Longitude: -108.918016

FACILITY - API Number: 05-103-00 Facility ID: 489970

Facility Name: Emerald 93X Number: _____
Qtrqr: SESE Sec: 26 Twp: 2N Range: 103W Meridian: 6
Latitude: 40.111290 Longitude: -108.918016

CORRECTIVE ACTIONS:

1 CA# 205339

Corrective Action: Remove fluid from cellar. remove areas of observable hydrocarbon staining with a shovel and bucket (or equivalent) Date: 06/19/2025

Response: CA COMPLETED Date of Completion: 06/09/2025

Operator Comment: Removed fluid from cellar. Removed areas of observable hydrocarbon staining.

ECMC Decision: _____

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Removed fluid from cellar. Removed areas of observable hydrocarbon staining.

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

Print Name: Cody Christian

Signed: _____

Title: HSE Coordinator

Date: 6/9/2025 2:23:09 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>
404233927	FIR RESOLUTION SUBMITTED
404233960	Photo
404233965	Photo

Total Attach: 3 Files