

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:
404365725

Date Received:
09/24/2025

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: 10633
Name of Operator: CRESTONE PEAK RESOURCES OPERATING 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
<u>Luke Kelly</u>	<u>970-939-6353</u>	<u>lkelly@civiresources.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 718600964
Inspection Date: 09/12/2025 FIR Submit Date: 09/16/2025 FIR Status: _____

Inspected Operator Information:

Company Name: CRESTONE PEAK RESOURCES OPERATING LLC Company Number: 10633
Address: 555 17TH STREET SUITE 3700
City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 317595

Location Name: ECHEVERRIA-62N67W Number: 2SWSW County: _____
Qtrqtr: SWS Sec: 2 Twp: 2N Range: 67W Meridian: 6
W
Latitude: 40.162577 Longitude: -104.863473

FACILITY - API Number: 05-123-00 Facility ID: 317595

Facility Name: ECHEVERRIA-62N67W Number: 2SWSW
Qtrqtr: SWS Sec: 2 Twp: 2N Range: 67W Meridian: 6
W
Latitude: 40.162577 Longitude: -104.863473

CORRECTIVE ACTIONS:

1 CA# 208054

Corrective Action: Control weeds on location. Conduct additional reclamation according to Rule 1004. Establish vegetation with total perennial, non-invasive uniform plant cover of at least eighty (80) percent of reference area levels. Operator shall continue to monitor and manage this site until the location meets Rule 1004 standards, including stormwater and weed management.

Date: _____

Response: CA COMPLETED Date of Completion: 09/22/2025

Operator has removed undesirable growth/weeds and interseeded in order to comply with Rule 1004.

Operator Comment: _____

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: Aubrey Noonan Signed: _____

Title: Sr. Regulatory Analyst Date: 9/24/2025 10:45:40 AM

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>
404365737	Report Resolution

Total Attach: 1 Files