

State of Colorado
Energy & Carbon Management Commission



Document Number:
404401540

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Date Received:
10/23/2025

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: 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>Saint, John</u>		<u>jsaint@scoutep.com</u>
<u>Wiley, Mikel</u>		<u>Mikel.Wiley@scoutep.com</u>
<u>Sanford, Anita</u>		<u>anita.sanford@scoutep.com</u>
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ECMC INSPECTION SUMMARY:

FIR Document Number: 719500512
Inspection Date: 10/13/2025 FIR Submit Date: 10/13/2025 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: 316539

Location Name: BEEZLEY-62N103W Number: 22SENE County:
Qtrqr: SENE Sec: 22 Twp: 2N Range: 103W Meridian: 6
Latitude: 40.130027 Longitude: -108.936307

FACILITY - API Number: 05-103-00 Facility ID: 316539

Facility Name: BEEZLEY-62N103W Number: 22SENE
Qtrqr: SENE Sec: 22 Twp: 2N Range: 103W Meridian: 6
Latitude: 40.130027 Longitude: -108.936307

CORRECTIVE ACTIONS:

1 CA# 208716

Corrective Action: Oil and gas operators shall implement and maintain Best Management Practices (BMPs) at all oil and gas locations to control Stormwater runoff in a manner that minimizes erosion, transport of sediment offsite, and site degradation. BMPs shall be maintained until the facility is abandoned and final reclamation is achieved.

Date: 10/28/2025

Response: CA COMPLETED Date of Completion: 10/22/2025

Operator Comment: Per the pictures attached repairs were made to the location.

ECMC Decision: _____

ECMC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: _____

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

Print Name: Anita Sanford

Signed: _____

Title: Sr. Regulatory Analyst

Date: 10/23/2025 6:15:37 AM

ATTACHMENT LIST

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

Document Number **Description**

404401541	pictures
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Total Attach: 1 Files