

State of Colorado
Oil and Gas Conservation Commission

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



Document Number:
401832279

Date Received:
11/08/2018

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

4 of 4 CAs from the FIR responded to on this Form

4 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10550
Name of Operator: MUSTANG RESOURCES LLC
Address: 1660 LINCOLN STREET SUITE 1450
City: DENVER State: CO Zip: 80264

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

Additional Operator Contact:

Contact Name	Phone	Email
<u>Deb Lemon</u>	<u>7205507507 ext 105</u>	<u>dlemon@mustangresourcesllc.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 689302253
Inspection Date: 11/01/2018 FIR Submit Date: 11/01/2018 FIR Status: _____

Inspected Operator Information:

Company Name: MUSTANG RESOURCES LLC Company Number: 10550
Address: 1660 LINCOLN STREET SUITE 1450
City: DENVER State: CO Zip: 80264

LOCATION - Location ID: 335234

Location Name: MEAD-66S94W Number: 24SWSW County: GARFIELD
Qtrqr: SWS Sec: 24 Twp: 6S Range: 94W Meridian: 6
W
Latitude: 39.507150 Longitude: -107.841880

FACILITY - API Number: 05-045-00 Facility ID: 210799

Facility Name: MEAD Number: 24-14MV-6S-94W
Qtrqr: SWS Sec: 24 Twp: 6S Range: 94W Meridian: 6
W
Latitude: 39.507150 Longitude: -107.841880

CORRECTIVE ACTIONS:

1 CA# 120097

Corrective Action: Comply with rule 603.f.
For unused , unmarked flowline risers 24 hrs to lock out tag out. 30 days to remove riser.

Date: 12/01/2018

Response: CA COMPLETED Date of Completion: 11/02/2018

Riser removed.

Operator Comment: _____

COGCC Decision: _____

COGCC Representative: _____

2 CA# 120098

Corrective Action: Date: 12/31/2018

Response: CA COMPLETED Date of Completion: 11/05/2018

Operator Comment:

COGCC Decision: _____

COGCC Representative: _____

3 CA# 120099

Corrective Action: Date: 12/01/2018

Response: CA COMPLETED Date of Completion: 11/02/2018

Operator Comment:

COGCC Decision: _____

COGCC Representative: _____

4 CA# 120100

Corrective Action: Date: 12/31/2018

Response: CA COMPLETED Date of Completion: 11/02/2018

Operator Comment:

COGCC Decision: _____

COGCC 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: Deb Lemon

Signed: _____

Title: Regulatory Manager

Date: 11/8/2018 1:08:23 PM

ATTACHMENT LIST

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

Document Number	Description
401832345	Photo #1
401832405	Photo #3
401832435	Photo #2
401832465	Photo #4
401832471	Photo #5
401832475	Photo #6
401832484	Photo #7

Total Attach: 7 Files