

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:
401883675

Date Received:
12/21/2018

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 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

Deb Lemon

7205507507 ext 105

dlemon@mustangresourcesllc.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 689302575

Inspection Date: 12/10/2018

FIR Submit Date: 12/10/2018

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: 322298

Location Name: JUHAN FEDERAL-66S94W Number: 35NWNW County: GARFIELD

Qtrqtr: NWN Sec: 35 Twp: 6S Range: 94W Meridian: 6
W

Latitude: 39.486356 Longitude: -107.861279

FACILITY - API Number: 05-045- -00 Facility ID: 210183

Facility Name: JUHAN FEDERAL Number: 1-35-6S-
94W

Qtrqtr: NWN Sec: 35 Twp: 6S Range: 94W Meridian: 6
W

Latitude: 39.486356 Longitude: -107.861279

CORRECTIVE ACTIONS:

1 CA# 120885

Corrective Action: Install sign to comply with Rule 210.b.

Date: 01/10/2019

Response: CA COMPLETED

Date of Completion: 12/18/2018

Operator Comment: Sign corrected on 12/18/2018.

COGCC Decision: _____

COGCC
Representative:

2 CA# 120886

Corrective Action: Comply with rule 603.f

Date: 01/10/2019

Response: CA COMPLETED

Date of Completion: 12/18/2018

Operator
Comment:

Weeds and debris removed.

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: All corrective actions completed on 12/18/2018. See attached photos

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: 12/21/2018 1:28:00 AM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
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401883676	Photo #1 - weeds and debris removed
401883677	Photo #2 - battery sign corrected
401883678	Photo #3 - wellhead sign corrected

Total Attach: 3 Files