

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:

401892753

Date Received:

01/04/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 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

720-550-7507 ext 105

dlemon@mustangresourcesllc.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 689302573

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: 322316

Location Name: JUHAN FEE-66S94W Number: 26SWSW County: GARFIELD

Qtrqtr: SWS Sec: 26 Twp: 6S Range: 94W Meridian: 6
W

Latitude: 39.491899 Longitude: -107.862207

FACILITY - API Number: 05-045- -00 Facility ID: 210267

Facility Name: JUHAN FEE Number: 26-94-6S-
94W

Qtrqtr: SWS Sec: 26 Twp: 6S Range: 94W Meridian: 6
W

Latitude: 39.491899 Longitude: -107.862207

CORRECTIVE ACTIONS:

1 CA# 120884

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: 01/10/2019

Response: CA COMPLETED

Date of Completion: 01/02/2019

The Riser in question is a drip line connected to an active in-use flowline. On or before 1/2/2019, Mustang blew
down the line and installed a new lockable valve. The valve is locked/tagged when ot in use and labeled "in use,

Operator Comment: live line." Please see the attached photo.

COGCC Decision: _____

COGCC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Prior to completing this work, Mustang conversed with COGCC enforcement staff regarding the appropriate CA for an active flowline. This action was jointly determined to be appropriate.

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: 1/4/2019 3:49:19 AM

ATTACHMENT LIST

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

Document Number Description

401892754	Photo #1
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Total Attach: 1 Files