

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:
401892756

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
<u>Deb Lemon</u>	<u>720-550-7507 ext 105</u>	<u>dlemon@mustangresourcesllc.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 689302725
Inspection Date: 12/21/2018 FIR Submit Date: 12/21/2018 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: 322325

Location Name: JUHAN RULISON UNIT-66S94W Number: 34NESW County: GARFIELD
Qtrqtr: NESW Sec: 34 Twp: 6S Range: 94W Meridian: 6
Latitude: 39.479801 Longitude: -107.874488

FACILITY - API Number: 05-045-00 Facility ID: 210278

Facility Name: JUHAN RULISON UNIT Number: 34-94-6S-94W
Qtrqtr: NESW Sec: 34 Twp: 6S Range: 94W Meridian: 6
Latitude: 39.479801 Longitude: -107.874488

CORRECTIVE ACTIIONS:

1 CA# 121264

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

Date: 01/21/2019

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 not in use and labeled "in-

Operator Comment: use, 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 3:59:38 AM

ATTACHMENT LIST

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

Document Number Description

401892757	Photo #1
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Total Attach: 1 Files