

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:
402316110

Date Received:
02/18/2020

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: 8960
Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY LLC
Address: 410 17TH STREET SUITE #1400
City: DENVER State: CO Zip: 80202

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

Additional Operator Contact:

Contact Name	Phone	Email
<u>Brian Dodek</u>	<u>720-440-6100</u>	<u>Bdodek@Bonanzacr.com</u>
<u>Luke Kelly</u>	<u>720-315-8934</u>	<u>Lkelly@Bonanzacr.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 696301191
Inspection Date: 01/29/2020 FIR Submit Date: 01/29/2020 FIR Status: _____

Inspected Operator Information:

Company Name: BONANZA CREEK ENERGY OPERATING COMPANY LLC Company Number: 8960
Address: 410 17TH STREET SUITE #1400
City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 429118

Location Name: Pronghorn Number: 41-44-18HZ County: WELD
Qtrqtr: NENE Sec: 18 Twp: 5N Range: 61W Meridian: 6
Latitude: 40.407980 Longitude: -104.244530

FACILITY - API Number: 05-123-00 Facility ID: 429117

Facility Name: PRONGHORN Number: 41-44-18HNB
Qtrqtr: NENE Sec: 18 Twp: 5N Range: 61W Meridian: 6
Latitude: 40.407980 Longitude: -104.244530

CORRECTIVE ACTIONS:

1 CA# 136216

Corrective Action: Comply with Rule 210.b. Date: 02/29/2020

Response: CA COMPLETED Date of Completion: 02/18/2020

Operator Comment: To comply with Rule 210.b, signage was installed at the wellhead with correct emergency contact info.

COGCC Decision: _____

COGCC
Representative:

2 CA# 136217

Corrective Action: Comply with Rule 210.b.

Date: 02/29/2020

Response: CA COMPLETED

Date of Completion: 02/18/2020

Operator
Comment:

To comply with Rule 210.b, signage was installed at the wellhead with correct emergency contact info.

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: Luke Kelly

Signed: _____

Title: Senior Env. Specialist

Date: 2/18/2020 5:16:16 PM

ATTACHMENT LIST

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

Document Number Description

402316111

Photo

Total Attach: 1 Files