

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:
403153685

Date Received:
09/01/2022

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</u>	<u>dlemon@mustangresourcesllc.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 699804863
Inspection Date: 08/26/2022 FIR Submit Date: 08/26/2022 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: 323785

Location Name: YOUBERG-66S94W Number: 23SESW County: _____
Qtrqr: SESW Sec: 23 Twp: 6S Range: 94W Meridian: 6
Latitude: 39.505449 Longitude: -107.856589

FACILITY - API Number: 05-045-00 Facility ID: 323785

Facility Name: YOUBERG-66S94W Number: 23SESW
Qtrqr: SESW Sec: 23 Twp: 6S Range: 94W Meridian: 6
Latitude: 39.505449 Longitude: -107.856589

CORRECTIVE ACTIONS:

1 CA# 164145

Corrective Action: Within 90-days of installation or discovery of a domestic tap connected to the operator's flowline, an operator must submit a Flowline Report, Form 44, to the Director to register the tap.

Date: 11/24/2022

Response: CA COMPLETED Date of Completion: 09/01/2022

Operator Comment: This is not Mustang's domestic tap. Please see supporting documentation.

COGCC Decision: Approved pending re-inspection

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: This is not Mustang's domestic tap. Please see attached supporting documentation.

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: 9/1/2022 8:03:52 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>
403153685	FIR RESOLUTION SUBMITTED
403153694	Correspondence with COGCC
403153695	Correspondence with COGCC
403153696	Previous Inspection
403153698	Pictures

Total Attach: 5 Files