

State of Colorado
Energy & Carbon Management Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:
403479556

Date Received:
07/27/2023

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: 10670
Name of Operator: BISON IV OPERATING LLC
Address: 518 17TH STREET SUITE 1800
City: DENVER State: CO Zip: 80202

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

Additional Operator Contact:

Contact Name	Phone	Email
<u>GILLEN, KATIE</u>		<u>kgillen@bisonog.com</u>
<u>GARZA, TARAH</u>		<u>tgarza@bisonog.com</u>
<u>Milne, Rachel</u>		<u>rmilne@bisonog.com</u>
<u>Edwardson, Dylan</u>		<u>dylan.edwardson@state.co.us</u>
<u>Mathews, Erin</u>	<u>970-302-6171</u>	<u>emathews@mallardexploration.com</u>
<u>Wolff, Todd</u>		<u>twolff@bisonog.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 696305157
Inspection Date: 07/20/2023 FIR Submit Date: 07/20/2023 FIR Status: _____

Inspected Operator Information:

Company Name: BISON IV OPERATING LLC Company Number: 10670
Address: 518 17TH STREET SUITE 1800
City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 455365

Location Name: Shoveler Number: Pad County: _____
Qtrqr: NENW Sec: 29 Twp: 8N Range: 60W Meridian: 6
Latitude: 40.638448 Longitude: -104.118002

FACILITY - API Number: 05-123-00 Facility ID: 455365

Facility Name: Shoveler Number: Pad
Qtrqr: NENW Sec: 29 Twp: 8N Range: 60W Meridian: 6
Latitude: 40.638448 Longitude: -104.118002

CORRECTIVE ACTIONS:

1 CA# 175974

Corrective Action: _____ Date: _____

Install or repair required BMPs per Rule 1002.f. in accordance with good engineering practices. Corrective action date is the date the location was observed out of compliance as it should be in compliance at all times.

Response: CA COMPLETED

Date of Completion: 07/20/2023

Operator
Comment:

BMPs were repaired in accordance with Rule 1002.f. See the attached photos.

COGCC Decision: Approved

COGCC
Representative:

Approved

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: Bryce Maifeld

Signed: _____

Title: Regulatory Analyst

Date: 7/27/2023 4:56:38 PM

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>
403479556	FIR RESOLUTION SUBMITTED
403479649	Photos

Total Attach: 2 Files