

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:
403480384

Date Received:
07/28/2023

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 5 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
Luke Kelly	970-939-6353	lkelly@civiresources.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 696305122
Inspection Date: 07/17/2023 FIR Submit Date: 07/26/2023 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: 430128

Location Name: Antelope Number: J-20 Pad County: _____
Qtrqtr: SESW Sec: 20 Twp: 5N Range: 62W Meridian: 6
Latitude: 40.378423 Longitude: -104.351906

FACILITY - API Number: 05-123-00 Facility ID: 430128

Facility Name: Antelope Number: J-20 Pad
Qtrqtr: SESW Sec: 20 Twp: 5N Range: 62W Meridian: 6
Latitude: 40.378423 Longitude: -104.351906

CORRECTIVE ACTIONS:

2 CA# 176394

Corrective Action: Install sign to comply with Rule 605.h. Date: 08/18/2023

Response: CA COMPLETED Date of Completion: 07/28/2023

Operator Comment: Operator has appropriately installed capacity label to comply with Rule 605.h.

COGCC Decision: _____

COGCC
Representative:

5 CA# 176397

Corrective Action: Comply with Rule 606

Date: 07/31/2023

Response: CA COMPLETED

Date of Completion: 07/28/2023

Operator
Comment:

Operator reports that tumbleweed debris identified at the Wellheads have been properly cleared to comply with Rule 606.

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: Ashley Noonan

Signed: _____

Title: Sr Regulatory Analyst

Date: 7/28/2023 2:05:52 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>
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403480456	Inspection Photos
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Total Attach: 1 Files