

State of Colorado
Energy & Carbon Management Commission



Document Number:
403486472

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

Date Received:
08/04/2023

FIR RESOLUTION FORM

Overall Status:

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: 10661
Name of Operator: CIVITAS NORTH LLC
Address: 555 17TH STREET #3700
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: 696305169
Inspection Date: 07/28/2023 FIR Submit Date: 07/28/2023 FIR Status:
Inspected Operator Information:
Company Name: CIVITAS NORTH LLC Company Number: 10661
Address: 555 17TH STREET #3700
City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 323023

Location Name: BASHOR-69N60W Number: 18SWNW County: WELD
Qtrqr: SWN Sec: 18 Twp: 9N Range: 60W Meridian: 6
W
Latitude: 40.750918 Longitude: -104.143250

FACILITY - API Number: 05-123-00 Facility ID: 244657

Facility Name: BASHOR Number: 18-1
Qtrqr: SWN Sec: 18 Twp: 9N Range: 60W Meridian: 6
W
Latitude: 40.750918 Longitude: -104.143250

CORRECTIVE ACTIONS:

1 CA# 176640
Corrective Action: Install sign to comply with Rule 605.h. Date: 09/01/2023
Response: CA COMPLETED Date of Completion: 08/01/2023
Operator Comment: Operator has installed Capacity Label on the East Tank to comply with Rule 605.h.

COGCC Decision: _____

COGCC Representative: _____

2 CA# 176641

Corrective Action: Install sign to comply with Rule 605.e.

Date: 09/01/2023

Response: CA COMPLETED

Date of Completion: 08/01/2023

Operator Comment: Operator has added 24 Hour Emergency Contact Number to Wellhead Sign and Tank Battery to comply with Rule 605.e.

COGCC Decision: _____

COGCC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: CA follow-up has been completed for this location.

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: 8/4/2023 12:01:17 AM

ATTACHMENT LIST

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

Document Number **Description**

403486474	Inspection Photos
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Total Attach: 1 Files