

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:
403551521

Date Received:
10/05/2023

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: 10550
Name of Operator: MUSTANG RESOURCES LLC
Address: PO BOX 13550
City: BAKERSFIELD State: CA Zip: 93389

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

Additional Operator Contact:

Contact Name	Phone	Email
<u>Nikola Welch</u>	<u>903-806-1309</u>	<u>nwelch@vaqueroenergy.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 708901807
Inspection Date: 09/25/2023 FIR Submit Date: 09/29/2023 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: 335258

Location Name: HAYNES-HARRIS-66S94W Number: 27NESE County: GARFIELD
Qtrqtr: NESE Sec: 27 Twp: 6S Range: 94W Meridian: 6
Latitude: 39.494431 Longitude: -107.868798

FACILITY - API Number: 05-045-00 Facility ID: 210822

Facility Name: HAYNES-HARRIS Number: 27-43-6S-94W
Qtrqtr: NESE Sec: 27 Twp: 6S Range: 94W Meridian: 6
Latitude: 39.494431 Longitude: -107.868798

CORRECTIVE ACTIONS:

1 CA# 182665

Corrective Action: Oil and gas operators shall implement and maintain Best Management Practices (BMPs) at all oil and gas locations to control stormwater runoff in a manner that minimizes erosion, transport of sediment offsite, and site degradation. BMPs shall be maintained until the facility is abandoned and final reclamation is achieved.

Date: 10/14/2023

Response: CA COMPLETED Date of Completion: 10/13/2023

Operator Comment: Signs have been ordered as of 9/25/2023. ETA of placement by 10/13/2023

COGCC Decision: Approved pending re-inspection

COGCC
Representative:

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OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action resolution provided

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Nikota Welch

Signed: _____

Title: Regulatory Manager

Date: 10/5/2023 12:27:01 PM

ATTACHMENT LIST

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

Document Number **Description**

403551521	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files