

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:
403574570

Date Received:
10/26/2023

FIR RESOLUTION FORM

Overall Status:

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: 10633

Name of Operator: CRESTONE PEAK RESOURCES OPERATING LLC

Address: 555 17TH STREET SUITE 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: 713300130

Inspection Date: 09/27/2023

FIR Submit Date: 09/27/2023

FIR Status: _____

Inspected Operator Information:

Company Name: CRESTONE PEAK RESOURCES OPERATING LLC

Company Number: 10633

Address: 1801 CALIFORNIA STREET #2500

City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 331631

Location Name: CONNER-61N66W Number: 4NENE County: WELD

Qtrqtr: NENE Sec: 4 Twp: 1N Range: 66W Meridian: 6

Latitude: 40.085802 Longitude: -104.774712

FACILITY - API Number: 05-123- -00 Facility ID: 264084

Facility Name: CONNER Number: 41-4

Qtrqtr: NENE Sec: 4 Twp: 1N Range: 66W Meridian: 6

Latitude: 40.085802 Longitude: -104.774712

CORRECTIVE ACTIONS:

1 CA# 182403

Corrective Action: Perform successful mechanical integrity test. If a successful MIT can not be performed within 30 day CA time the well must be plugged within 3 months per Rule 417 and 210.

Date: 10/27/2023

Response: CA COMPLETED

Date of Completion: 10/23/2023

Operator Comment: Well information has been reviewed and it has been noted that the Conner 41-4 (123-21008) is on the Out of Service Plugging list. A MIT is not required for this well as the Operator intends to plug this well.

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: 10/26/2023 9:16:28 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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Total Attach: 0 Files