

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:
403652423

Date Received:
01/11/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

3 of 3 CAs from the FIR responded to on this Form

3 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>Rachel Milne</u>	<u>7203708580</u>	<u>rmilne@bisonog.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 696305494
Inspection Date: 12/13/2023 FIR Submit Date: 12/13/2023 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: 428129

Location Name: Crow Valley 7-62-30 Number: 2H County: _____
Qtrqtr: SESW Sec: 30 Twp: 7N Range: 62W Meridian: 6
Latitude: 40.538783 Longitude: -104.367166

FACILITY - API Number: 05-123-00 Facility ID: 428129

Facility Name: Crow Valley 7-62-30 Number: 2H
Qtrqtr: SESW Sec: 30 Twp: 7N Range: 62W Meridian: 6
Latitude: 40.538783 Longitude: -104.367166

CORRECTIVE ACTIONS:

1 CA# 189169

Corrective Action: Install sign to comply with Rule 605.h. Date: 01/15/2024

Response: CA COMPLETED Date of Completion: 01/11/2024

Operator Comment: Tank Labels Updated

COGCC Decision: _____

COGCC
Representative:

2 CA# 189170

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

Date: 01/15/2024

Response: CA COMPLETED

Date of Completion: 01/11/2024

Operator
Comment: Signs updated

COGCC Decision:

COGCC
Representative:

3 CA# 189171

Corrective Action: Complete flowline and crude oil transfer line abandonments to comply with Rule 1105.

Date: 12/15/2023

Response: CA COMPLETED

Date of Completion: 12/28/2024

Operator
Comment: OOSLAT Applied

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: Rachel Milne

Signed: _____

Title: Regulatory Manager

Date: 1/11/2024 4:23:21 PM

ATTACHMENT LIST

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

Document Number **Description**

403652464	Photos
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Total Attach: 1 Files