

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:
403662749

Date Received:
01/23/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 4 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 8960
Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY 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
<u>Luke Kelly</u>	<u>970-939-6353</u>	<u>lkelly@civiresources.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 696305464
Inspection Date: 12/04/2023 FIR Submit Date: 12/05/2023 FIR Status: _____

Inspected Operator Information:

Company Name: BONANZA CREEK ENERGY OPERATING COMPANY LLC Company Number: 8960
Address: 555 17TH STREET SUITE 3700
City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 437037

Location Name: Pronghorn Number: B-24 Pad County: _____
Qtrqr: SWN Sec: 24 Twp: 5N Range: 61W Meridian: 6
W
Latitude: 40.390060 Longitude: -104.165020

FACILITY - API Number: 05-123-00 Facility ID: 437037

Facility Name: Pronghorn Number: B-24 Pad
Qtrqr: SWN Sec: 24 Twp: 5N Range: 61W Meridian: 6
W
Latitude: 40.390060 Longitude: -104.165020

CORRECTIVE ACTIONS:

4 CA# 188884

Corrective Action: Perform MIT per Rule 417.b
Submit Form 4 requesting TA status. Date: _____

Response: CA COMPLETED Date of Completion: 01/22/2024

Operator has reported plans to MIRU on 2/5/2024 to complete PA operations for the Pronghorn C-W-24HNB (05-123-40034).

Operator Comment: Per ECMC Area Engineer, a satisfactory MIT is required if this well is not going to be plugged. If the well is to be plugged, it will need to be by 3/30/2024.
A Form 6 NOI (Doc # 403640077) and Form 27 NOI (Doc # 403638160) have both been submitted and approved.

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: 1/23/2024 7:17:57 AM

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