

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:
403684030

Date Received:
02/12/2024

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

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

1 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>rmlne@bisonog.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 708200881
Inspection Date: 01/12/2024 FIR Submit Date: 01/18/2024 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: 447902

Location Name: Shull Pad Number: 9-59-31-NENW County: _____
Qtrqr: NENW Sec: 31 Twp: 9N Range: 59W Meridian: 6
Latitude: 40.711378 Longitude: -104.022585

FACILITY - API Number: 05-123-00 Facility ID: 447902

Facility Name: Shull Pad Number: 9-59-31-NENW
Qtrqr: NENW Sec: 31 Twp: 9N Range: 59W Meridian: 6
Latitude: 40.711378 Longitude: -104.022585

CORRECTIVE ACTIONS:

2 CA# 191223

Corrective Action: Install sign/emergency contact info to comply with Rule 605.d. The location will remain out of compliance until the corrective action has been resolved. Date: 01/12/2024

Response: CA COMPLETED Date of Completion: 02/06/2024

Operator Comment: Signs corrected.

COGCC Decision: Approved pending re-inspection

COGCC Representative: Approved pending re-inspection. Based on photo documentation provided, work to address the corrective action appears to have been performed. A field inspection will be conducted at a future date to evaluate compliance with ECMC rules.

OPERATOR COMMENT AND SUBMITTAL

Comment: Additional corrective actions will be handled in the spring when weed spraying and reseeding will be most beneficial.

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: 2/12/2024 12:20:28 PM

ATTACHMENT LIST

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

Document Number	Description
403684030	FIR RESOLUTION SUBMITTED
403684056	Photos

Total Attach: 2 Files