

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:

403711904

Date Received:

03/07/2024

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: 10651

Name of Operator: VERDAD RESOURCES LLC

Address: 1125 17TH STREET SUITE 550

City: DENVER State: CO Zip: 80202

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

mcugnetti@verdadresources.com

Phone

720-845-6901

Email

mcugnetti@verdadresources.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 707901389

Inspection Date: 03/05/2024

FIR Submit Date: 03/05/2024

FIR Status: _____

Inspected Operator Information:

Company Name: VERDAD RESOURCES LLC

Company Number: 10651

Address: 1125 17TH STREET SUITE 550

City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 474767

Location Name: County Line Number: Pad County: WELD

Qtrqr: SWSE Sec: 31 Twp: 1N Range: 65W Meridian: 6

Latitude: 40.001456 Longitude: -104.703932

FACILITY - API Number: 05-123-

-00

Facility ID: 481259

Facility Name: COUNTYLINE

Number: 0508-16H

Qtrqr: SWSE Sec: 31 Twp: 1N Range: 65W Meridian: 6

Latitude: 40.001456 Longitude: -104.703932

CORRECTIVE ACTIONS:

1 CA# 192663

Corrective Action: For low frequency issues, obtain a low frequency impact analysis and identify control measures. Per rule 423

Date: 03/08/2024

Response: CA COMPLETED

Date of Completion: 03/07/2024

Operator Comment: Low frequency impact analysis started 3/6/24. Sound survey equipment was placed and began recording mid-day 3/6/24. Additional interior weighted sound walls (SK-8, STC-43) were installed on 3/7/24. They were placed in an L shape around the shakers and at the location that cement truck engines are when doing a cement job.

COGCC Decision: _____

COGCC Representative:	
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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: Michael CugnettiSigned:

Title: Director of EHS&RDate: 3/7/2024 2:18:30 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>
403711935	Corrective Action Photo Documentation

Total Attach: 1 Files