

State of Colorado
Energy & Carbon Management Commission



Document Number:
403766057

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Date Received:
04/23/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

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

3 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC Operator Number: 10701
Name of Operator: UPLAND EXPLORATION LLC
Address: 424 S MAIN ST
City: BOERNE State: TX Zip: 78006

Contact Name and Telephone:
Name:
Phone: () Fax: ()
Email:

Additional Operator Contact:

Contact Name: WATTS, DAVID R Phone: (830) 331-8929 Email: david@uplandexploration.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 697501077
Inspection Date: 01/28/2020 FIR Submit Date: 01/30/2020 FIR Status:

Inspected Operator Information:

Company Name: UPLAND EXPLORATION LLC Company Number: 10701
Address: 424 S MAIN ST
City: BOERNE State: TX Zip: 78006

LOCATION - Location ID: 462919

Location Name: Little Lady 21 Number: South Well Pad County:
Qtrqr: SESE Sec: 21 Twp: 11N Range: 64W Meridian: 6
Latitude: 40.900550 Longitude: -104.542850

FACILITY - API Number: 05-123-00 Facility ID: 462919

Facility Name: Little Lady 21 Number: South Well Pad
Qtrqr: SESE Sec: 21 Twp: 11N Range: 64W Meridian: 6
Latitude: 40.900550 Longitude: -104.542850

CORRECTIVE ACTIONS:

2 CA# 136228

Corrective Action: Comply with Rule 1003.a. to remove and properly manage debris at location. Date: 02/13/2020

Response: CA COMPLETED Date of Completion: 02/13/2020

Operator Comment: Inspection 11/16/2021 Doc 696105265 "During this inspection, NO possible compliance issues were observed."

ECMC Decision:

ECMC
Representative:

3 CA# 136229

Corrective Action:

Date: 02/13/2020

Response: CA COMPLETED

Date of Completion: 02/13/2020

Operator
Comment:

ECMC Decision: _____

ECMC
Representative:

4 CA# 136230

Corrective Action:

Date: 02/27/2020

Response: CA COMPLETED

Date of Completion: 02/27/2020

Operator
Comment:

ECMC Decision: _____

ECMC
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: Dusti Rollins

Signed: _____

Title: Field Supervisor

Date: 4/23/2024 12:57:44 PM

ATTACHMENT LIST

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

Document Number **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files