

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:

403826554

Date Received:

06/17/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 2 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC 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

Luke Kelly

970-939-6353

lkelly@civiresources.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 708201158

Inspection Date: 04/17/2024

FIR Submit Date: 04/18/2024

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: 441005

Location Name: Pronghorn Number: D-28 Pad County: _____

Qtrqr: SWS Sec: 28 Twp: 5N Range: 61W Meridian: 6

Latitude: 40.368010 Longitude: -104.222190

FACILITY - API Number: 05-123-00 Facility ID: 441005

Facility Name: Pronghorn Number: D-28 Pad

Qtrqr: SWS Sec: 28 Twp: 5N Range: 61W Meridian: 6

Latitude: 40.368010 Longitude: -104.222190

CORRECTIVE ACTIONS:

2 CA# 194400

Corrective Action: Comply with Rule 1003.

Date: 05/18/2024

Response: CA COMPLETED

Date of Completion: 06/11/2024

Operator Comment: Sr. Environmental Specialist, Eli Craig reported that he spoke with ECMC Inspector, Dylan Edwardson regarding the plan for removing the cuttings that are on location and reseeding. It was agreed that these actions would not take place until early Fall, when temperatures drop, and potentially more consistent precipitation.

ECMC Decision: _____

ECMC
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: 6/17/2024 11:32:19 AM

ATTACHMENT LIST

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

Document Number **Description**

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Total Attach: 0 Files