

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:

403829218

Date Received:

06/18/2024

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

ECMC Operator Number: 10633

Name of Operator: CRESTONE PEAK RESOURCES OPERATING 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: 713900660

Inspection Date: 05/24/2024

FIR Submit Date: 05/31/2024

FIR Status: _____

Inspected Operator Information:

Company Name: CRESTONE PEAK RESOURCES OPERATING LLC

Company Number: 10633

Address: 555 17TH STREET SUITE 3700

City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 486500

Location Name: Lussing Trust 4-64 Number: 19-20 North County: _____

Qtrqtr: Lot 1 Sec: 19 Twp: 4S Range: 64W Meridian: 6

Latitude: 39.692701 Longitude: -104.601089

FACILITY - API Number: 05-005- -00 Facility ID: 486500

Facility Name: Lussing Trust 4-64 Number: 19-20 North

Qtrqtr: Lot 1 Sec: 19 Twp: 4S Range: 64W Meridian: 6

Latitude: 39.692701 Longitude: -104.601089

CORRECTIVE ACTIONS:

1 CA# 195529

Corrective Action: Operator shall contact OGLA staff Doug Andrews to determine if any updates to disturbance boundary or access road map should be made and then report outcomes of the consult.

Date: 11/08/2024

Response: CA COMPLETED

Date of Completion: 06/17/2024

Operator Comment: Senior Location Assessment Specialist, Doug Andrews was recently contacted by the Operator and no updates will be required at this time.

ECMC Decision: _____

ECMC Representative:	
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OPERATOR COMMENT AND SUBMITTAL

Comment:	CA follow-up has been completed for this location.
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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: 6/18/2024 6:13:32 PM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
403829218	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files