

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:

404042440

Date Received:

12/30/2024

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: 714300156

Inspection Date: 11/14/2024

FIR Submit Date: 11/19/2024

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: 336375

Location Name: GRANT/HURT SWSE MULTI WELL Number: 23-11 County: _____

Qtrqr: SWSE Sec: 11 Twp: 2N Range: 68W Meridian: 6

Latitude: 40.147283 Longitude: -104.968708

FACILITY - API Number: 05-123-00 Facility ID: 488163

Facility Name: Hurt 33-11 Number: _____

Qtrqr: SWSE Sec: 11 Twp: 2N Range: 68W Meridian: 6

Latitude: 40.147283 Longitude: -104.968708

CORRECTIVE ACTIONS:

1 CA# 200544

Corrective Action: Operator shall provide an updated Form 27 for Remediation #34610 with a workplan and timeline for remediation of Spill ID 488613.

Date: 12/18/2024

Response: CA COMPLETED

Date of Completion: 12/09/2024

Operator Comment: Form 27 Doc #: 404019846 for Remediation #34610 with a workplan and timeline for remediation of Spill ID 488613, was submitted on 12/9/2024.

ECMC Decision: _____

| | |
|-------------------------|--|
| ECMC Representative: | |
|-------------------------|--|

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|---|--|
| 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: 12/30/2024 8:42:06 AM |

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> |
|------------------------|--------------------------|
| 404042440 | FIR RESOLUTION SUBMITTED |

Total Attach: 1 Files