

State of Colorado
Energy & Carbon Management Commission

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Document Number:
404053463

Date Received:
01/09/2025

FIR RESOLUTION FORM

Overall Status:

CA Summary:

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

0 CA Completed
1 Factual Review Request

OPERATOR INFORMATION

ECMC Operator Number: 10779

Name of Operator: SCOUT ENERGY MANAGEMENT LLC

Address: 13800 MONTFORT DRIVE SUITE 100

City: DALLAS State: TX Zip: 75240

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

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ECMC INSPECTION SUMMARY:

FIR Document Number: 715501123

Inspection Date: 01/08/2025

FIR Submit Date: 01/08/2025

FIR Status: _____

Inspected Operator Information:

Company Name: SCOUT ENERGY MANAGEMENT LLC

Company Number: 10779

Address: 13800 MONTFORT DRIVE SUITE 100

City: DALLAS State: TX Zip: 75240

LOCATION - Location ID: 315546

Location Name: CHEVRON FEE-62N102W Number: 19NWSE County: RIO BLANCO

Qtrqtr: NWSE Sec: 19 Twp: 2N Range: 102W Meridian: 6

Latitude: 40.128379 Longitude: -108.881437

FACILITY - API Number: 05-103-00 Facility ID: 231017

Facility Name: CHEVRON FEE Number: 126X

Qtrqtr: NWSE Sec: 19 Twp: 2N Range: 102W Meridian: 6

Latitude: 40.128379 Longitude: -108.881437

CORRECTIVE ACTIONS:

1 CA# 201568

Corrective Action: Operators will report all existing oil and gas Wells that are not Plugged and Abandoned on the Form 7, Operator's Monthly Report of Operations within 45 days after the end of each month.

Date: 02/08/2025

Response: FACTUAL REVIEW REQUEST

Basis for Review: Action requested was already completed prior to the inspection

Operator Comment: Per Rule 413 - Form 7, Operator's Monthly Report of Operations was submitted within 45 days after the end of each month on the 45 day (November 15, 2024). See attached documentation.

ECMC Decision: _____

ECMC
Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Document # 403996237 Form 7 submitted within the guidelines of the rule.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Anita Sanford

Signed: _____

Title: Sr. Regulatory Analyst

Date: 1/9/2025 2:05:41 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>
404053463	FIR RESOLUTION SUBMITTED
404053501	Form 7

Total Attach: 2 Files