

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:

404064455

Date Received:

01/21/2025

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: 10661

Name of Operator: CIVITAS NORTH LLC

Address: 555 17TH STREET #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: 696307124

Inspection Date: 01/10/2025

FIR Submit Date: 01/10/2025

FIR Status: _____

Inspected Operator Information:

Company Name: CIVITAS NORTH LLC

Company Number: 10661

Address: 555 17TH STREET #3700

City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 472549

Location Name: Big Mountain Viper 8-59 Number: 16 County: _____

Qtrqtr: NWS Sec: 16 Twp: 8N Range: 59W Meridian: 6
W

Latitude: 40.661041 Longitude: -103.989100

FACILITY - API Number: 05-123- -00 Facility ID: 472549

Facility Name: Big Mountain Viper 8-59 Number: 16

Qtrqtr: NWS Sec: 16 Twp: 8N Range: 59W Meridian: 6
W

Latitude: 40.661041 Longitude: -103.989100

CORRECTIVE ACTIONS:

1 CA# 201663

Corrective Action: Comply with Rule 605. All 24 HOUR BISON CONTACT PHONE NUMBERS on ALL Signs on Location need to be covered up or Changed. Bison Oil & Gas II does not own or operate this Location/Wells any longer.

Date: 01/17/2025

Response: CA COMPLETED

Date of Completion: 01/21/2025

Operator Comment: Operator has provided photo evidence showing that All Wellhead Signs, Tank Labels, and Sign is updated with the current Emergency Contact Name and Number to comply with with Rule 605.

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: 1/21/2025 12:37:45 PM

ATTACHMENT LIST

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

Document Number **Description**

404064472	Inspection Report Resolution
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Total Attach: 1 Files