

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:

404078502

Date Received:

02/03/2025

FIR RESOLUTION FORM

Overall Status:

CA Summary:

5 of 5 CAs from the FIR responded to on this Form

5 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC Operator Number: 10407

Name of Operator: ANTLER ENERGY LLC

Address: PO BOX 104

City: BAGGS State: WY Zip: 82321

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Evans, Clay

(307) 380-7616

clay@antler-energy.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 715500814

Inspection Date: 10/15/2024

FIR Submit Date: 10/15/2024

FIR Status: _____

Inspected Operator Information:

Company Name: ANTLER ENERGY LLC

Company Number: 10407

Address: PO BOX 104

City: BAGGS State: WY Zip: 82321

LOCATION - Location ID: 312951

Location Name: PTASYNSKI-611N97W Number: 7NESW County: MOFFAT

Qtrqtr: NESW Sec: 7 Twp: 11N Range: 97W Meridian: 6

Latitude: 40.925980 Longitude: -108.336420

FACILITY - API Number: 05-081- -00 Facility ID: 222991

Facility Name: PTASYNSKI Number: 4

Qtrqtr: NESW Sec: 7 Twp: 11N Range: 97W Meridian: 6

Latitude: 40.925980 Longitude: -108.336420

CORRECTIVE ACTIONS:

1 CA# 199730

Corrective Action: The Tank battery sign will be no less than 3 square feet and no more than 6 square feet, and will provide: Name of the Operator; Telephone number at which the Operator can be reached at all times; Telephone number for local emergency services (911 where available); The public road used to access the Tank battery site; Well name(s) and API number(s) associated with the Tank battery and the legal location of the Well (s); and Location, including the quarter/quarter section, of the Tank battery.

Date: 11/15/2024

Response: CA COMPLETED

Date of Completion: 01/15/2024

Operator Comment: New tank battery sign installed

ECMC Decision: _____

ECMC
Representative:

2 CA# 199731

Corrective Action: Vents on pressure safety devices will terminate in a manner so as not to endanger the public or adjoining facilities. They will be designed to be clear and free of debris and water at all times.

Date: 10/31/2024

Response: CA COMPLETED

Date of Completion: 10/30/2024

Operator
Comment: Flappers installed on pressure safety devices

ECMC Decision: _____

ECMC
Representative:

3 CA# 199732

Corrective Action: All excess materials, rubbish, supplies, trash, or other waste material will be properly contained until removed from the Oil and Gas Location. At no time will debris be placed or remain on the ground.

Date: 10/31/2024

Response: CA COMPLETED

Date of Completion: 10/30/2024

Operator
Comment: All debris, trash, etc.. removed

ECMC Decision: _____

ECMC
Representative:

4 CA# 199733

Corrective Action: The Wellhead sign will identify: The Well name; The API Number; and Its legal location, including the quarter/quarter section.

Date: 11/15/2024

Response: CA COMPLETED

Date of Completion: 11/10/2024

Operator
Comment: API number is now on the sign

ECMC Decision: _____

ECMC
Representative:

5 CA# 199734

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. A Well will be reported every month from the month that it is spud until it has been reported for one month as abandoned. Each formation that is completed in a Well will be reported every month from the time that it is completed until it has been abandoned and reported for one month as abandoned. The reported volumes will include all Fluids produced during Flowback, initial testing, completion, and production of the Well.

Date: 11/15/2024

Response: CA COMPLETED

Date of Completion: 10/15/2024

Form 7s are all up to date. Production months 10/24, 11/24 were submitted via ECMC new process thru the

Operator Comment:	eform system.
ECMC Decision:	
ECMC Representative:	

<u>OPERATOR COMMENT AND SUBMITTAL</u>	
Comment:	
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.	
Print Name: Clay Evans	Signed:
Title: President	Date: 2/3/2025 10:28:23 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>
404078502	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files