

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:

404138275

Date Received:

03/24/2025

## 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: 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: 715501009

Inspection Date: 12/17/2024

FIR Submit Date: 12/17/2024

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: 312952

Location Name: PTASYNSKI-611N97W Number: 18NENW County: MOFFAT

Qtrqtr: NENW Sec: 18 Twp: 11N Range: 97W Meridian: 6

Latitude: 40.918690 Longitude: -108.337120

#### FACILITY - API Number: 05-081- -00 Facility ID: 222992

Facility Name: PTASYNSKI Number: 3

Qtrqtr: NENW Sec: 18 Twp: 11N Range: 97W Meridian: 6

Latitude: 40.918690 Longitude: -108.337120

### CORRECTIVE ACTIONS:

1 CA# 201129

Corrective Action: When no associated Tank battery is present at the Oil and Gas Location, the following information is required on the Well sign: 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 Well; Well name(s) and API number(s); The legal location of the Well(s) including the quarter/quarter section.

Date: 03/23/2024

Response: CA COMPLETED

Date of Completion: 02/15/2025

Operator Comment: Well head sign has required info

ECMC Decision: \_\_\_\_\_

ECMC  
Representative:

OPERATOR COMMENT AND SUBMITTAL

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: 3/24/2025 11:43:35 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>
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404138275	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files