

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:

404179557

Date Received:

04/25/2025

## 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: 10150

Name of Operator: BLACK HILLS PLATEAU PRODUCTION LLC

Address: 1515 WYNKOOP ST STE 500

City: DENVER State: CO Zip: 80202

Contact Name and Telephone:

Name: \_\_\_\_\_

Phone: ( ) Fax: ( )

Email: \_\_\_\_\_

#### Additional Operator Contact:

Contact Name

Phone

Email

Maxwell, Logan

logan.maxwell@state.co.us

casey.kimble@blackhillscorp.com

### ECMC INSPECTION SUMMARY:

FIR Document Number: 718100480

Inspection Date: 04/14/2025

FIR Submit Date: 04/23/2025

FIR Status: \_\_\_\_\_

#### Inspected Operator Information:

Company Name: BLACK HILLS PLATEAU PRODUCTION LLC

Company Number: 10150

Address: 1515 WYNKOOP ST STE 500

City: DENVER State: CO Zip: 80202

#### LOCATION - Location ID: 391000

Location Name: UTE-610S96W Number: 20SENW County: \_\_\_\_\_

Qtrqtr: SENW Sec: 20 Twp: 10S Range: 96W Meridian: 6

Latitude: 39.176643 Longitude: -108.133644

#### FACILITY - API Number: 05-077-00 Facility ID: 391000

Facility Name: UTE-610S96W Number: 20SENW

Qtrqtr: SENW Sec: 20 Twp: 10S Range: 96W Meridian: 6

Latitude: 39.176643 Longitude: -108.133644

### CORRECTIVE ACTIONS:

1 CA# 204347

Corrective Action: Provide Reclamation Specialist the gate key or combination to comply with Rule 204

Date: \_\_\_\_\_

Response: CA COMPLETED

Date of Completion: 04/25/2025

Operator Comment: Surface owner requires notification prior to entering property. Surface owner contact information has been transmitted to ECMC Reclamation Inspector to coordinate entry.

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

|                         |  |
|-------------------------|--|
| ECMC<br>Representative: |  |
|-------------------------|--|

OPERATOR COMMENT AND SUBMITTAL

Comment:

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

Print Name: Jessica Donahue Signed: \_\_\_\_\_

Title: Compliance Specialist Date: 4/25/2025 12:25:45 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> |
|------------------------|--------------------|
|                        |                    |

Total Attach: 0 Files