

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

401191811

Date Received:

01/23/2017

FIR RESOLUTION FORM

CA Summary:

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

0 CA Completed
1 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10071

Name of Operator: BARRETT CORPORATION* BILL

Address: 1099 18TH ST STE 2300

City: DENVER State: CO Zip: 80202

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Arthur, Denise

denise.arthur@state.co.us

COGCC FIR@billbarrettcorp.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 682401717

Inspection Date: 01/20/2017

FIR Submit Date: 01/20/2017

FIR Status: _____

Inspected Operator Information:

Company Name: BARRETT CORPORATION* BILL

Company Number: 10071

Address: 1099 18TH ST STE 2300

City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 448780

Location Name: Will Trust Number: 6-62-10_11
CW2 County: _____

Qtrqtr: SWN Sec: 10 Twp: 6N Range: 62W Meridian: 6
W

Latitude: 40.503603 Longitude: -104.316958

FACILITY - API Number: 05-123- -00 Facility ID: 448780

Facility Name: Will Trust Number: 6-62-10_11
CW2

Qtrqtr: SWN Sec: 10 Twp: 6N Range: 62W Meridian: 6
W

Latitude: 40.503603 Longitude: -104.316958

CORRECTIVE ACTIONS:

1 ☒ CA# 63072

Corrective Action: Install sufficient BMP(s) in accordance with good engineering practices per Rule 1002.f. by corrective action date of January 22, 2017.

Date: 01/22/2017

Response: FACTUAL REVIEW REQUEST

Basis for Review: CA dates are not per the guidelines

Operator Comment: Per Chris Binchus via an email on 1/21/17, the corrective action date should have been 1/23/17. The work was completed on 1/23/17

COGCC Decision: Approved pending re-inspection

COGCC Representative:

COGCC Supervisor: Operator said conducted the work on the corrective action date per the inspector e-mail. Supervisor approves of the corrective action extension to 1/23/2017. Inspector will reinspect location.

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: Tracey Fallang

Signed: _____

Title: Regulatory Manager

Date: 1/23/2017 5:01:16 PM

ATTACHMENT LIST

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

Document Number Description

401191811	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files