

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:

401237941

Date Received:

03/20/2017

## FIR RESOLUTION FORM

### CA Summary:

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

1 CA Completed  
0 Factual Review Request

### OPERATOR INFORMATION

OGCC Operator Number: 26625  
Name of Operator: ELM RIDGE EXPLORATION COMPANY LLC  
Address: 12225 GREENVILLE AVE STE 950  
City: DALLAS State: TX Zip: 75243-9362  
Contact Name and Telephone:  
Name: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_

### Additional Operator Contact:

Contact Name	Phone	Email
<u>Fischer, Alex</u>		<u>alex.fischer@state.co.us</u>
<u>Lindeman, Terry</u>	<u>(505) 632-3476 Ext 210</u>	<u>tlindeman@elmridge.net</u>
<u>Archuleta, Amy</u>		<u>aarchuleta@elmridge.net</u>

### COGCC INSPECTION SUMMARY:

FIR Document Number: 674901520  
Inspection Date: 03/09/2017 FIR Submit Date: 03/14/2017 FIR Status: \_\_\_\_\_

### Inspected Operator Information:

Company Name: ELM RIDGE EXPLORATION COMPANY LLC Company Number: 26625  
Address: 12225 GREENVILLE AVE STE 950  
City: DALLAS State: TX Zip: 75243-9362

### LOCATION - Location ID: 311909

Location Name: IGE Number: 141 County: LA PLATA  
Qtrqr: NWN Sec: 17 Twp: 33N Range: 8W Meridian: N  
Latitude: 37.107960 Longitude: -107.746530

### FACILITY - API Number: 05-067- -00 Facility ID: 216324

Facility Name: HARMON GAS UNIT A Number: 2  
Qtrqr: NWN Sec: 17 Twp: 33N Range: 8W Meridian: N  
Latitude: 37.107960 Longitude: -107.746530

### CORRECTIVE ACTIONS:

1 ☒ CA# 66906

Corrective Action: Repair or install berms or other secondary containment devices per Rule 605.a.(4). Date: 03/29/2017

Response: CA COMPLETED Date of Completion: 03/13/2017

This was already written up for Corrective Action by Cal St. John on document 685302246 dated 2-26-17. The work was completed before this was submitted.

Operator \_\_\_\_\_  
Comment: \_\_\_\_\_

COGCC Decision: Approved

COGCC  
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: Amy Archuleta Signed: \_\_\_\_\_

Title: Regulatory Supervisor Date: 3/20/2017 3:24:41 PM

**ATTACHMENT LIST**

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

<u>Document Number</u>	<u>Description</u>
401237941	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files