

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:
401285738
Date Received:
05/17/2017

FIR RESOLUTION FORM

Overall Status: CAC

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: 10282

Name of Operator: EPHPATHA LLC

Address: 1314 B CENTER DR #449

City: MEDFORD State: OR Zip: 97501

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Sullins, Cory

3109011996

csullins03@yahoo.com

Sills, Shane

shanesills@gmail.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 673404562

Inspection Date: 05/09/2017

FIR Submit Date: 05/16/2017

FIR Status: _____

Inspected Operator Information:

Company Name: EPHPATHA LLC

Company Number: 10282

Address: 1314 B CENTER DR #449

City: MEDFORD State: OR Zip: 97501

LOCATION - Location ID: 316767

Location Name: DRY CREEK UT HD 31-66N88W Number: 31NENE County: ROUTT

Qtrqtr: NENE Sec: 31 Twp: 6N Range: 88W Meridian: 6

Latitude: 40.438950 Longitude: -107.298851

FACILITY - API Number: 05-107-00 Facility ID: 232760

Facility Name: DRY CREEK UT HD 31 Number: 1A (PILOT HOLE)

Qtrqtr: NENE Sec: 31 Twp: 6N Range: 88W Meridian: 6

Latitude: 40.438950 Longitude: -107.298851

CORRECTIVE ACTIONS:

1 CA# 76265

Corrective Action: Comply with Rule 603.f using the Rule 603.f guidance document for further details.

Date: 06/16/2017

Response: CA COMPLETED

Date of Completion: 05/17/2017

Operator
Comment:

Sprayed weeds around equipment as well as noxious weeds in the vicinity of the well.

COGCC Decision: _____

COGCC
Representative:

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OPERATOR COMMENT AND SUBMITTAL

Comment: We have sprayed weeds around all equipment as well as all noxious weeds in the vicinity of the well. We will spray again mid June 2017 and monitor for the remainder of the growing season for any additional weed issues.

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

Print Name: Cory Sullins

Signed: _____

Title: Manager

Date: 5/17/2017 1:39:13 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>
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Total Attach: 0 Files