

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:

401357306

Date Received:

07/28/2017

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 3 CAs from the FIR responded to on this Form

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10608

Name of Operator: BNN WESTERN LLC

Address: 370 VAN GORDON STREET

City: LAKEWOOD State: CO Zip: 80228

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Leonard, Mike</u>		<u>mike.leonard@state.co.us</u>
<u>Gopsill, Eric</u>		<u>eric.gopsill@bnn-energy.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 684903879

Inspection Date: 07/05/2017

FIR Submit Date: 07/05/2017

FIR Status: _____

Inspected Operator Information:

Company Name: WHITING OIL & GAS CORPORATION

Company Number: 96155

Address: 1700 BROADWAY STE 2300

City: DENVER State: CO Zip: 80290

LOCATION - Location ID: 433131

Location Name: Razor Number: 26J Pad County: _____

Qtrqtr: NWSE Sec: 26 Twp: 10N Range: 58W Meridian: 6

Latitude: 40.809111 Longitude: -103.830547

FACILITY - API Number: 05-123-00 Facility ID: 433131

Facility Name: Razor Number: 26J Pad

Qtrqtr: NWSE Sec: 26 Twp: 10N Range: 58W Meridian: 6

Latitude: 40.809111 Longitude: -103.830547

CORRECTIVE ACTION:

2 CA# 85114

Corrective Action: Install sign to comply with Rule 210.b

Date: 09/05/2017

Response: CA COMPLETED

Date of Completion: 07/17/2017

Operator Comment: A sign has been placed at the well head with the current operators emergency contact number. Please see the attached photograph.

COGCC Decision: _____

COGCC
Representative:

3 CA# 85115

Corrective Action: Install sign to comply with Rule 210.b

Date: 08/07/2017

Response: CA COMPLETED

Date of Completion: 07/17/2017

Operator Comment: A sign has been placed at the well head with the current operators emergency contact number. Please see the attached photograph.

COGCC Decision: _____

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: Eric Gopsill

Signed: _____

Title: Director: Water Solutions

Date: 7/28/2017 8:49:19 AM

ATTACHMENT LIST

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

Document Number **Description**

401357321	Sign at Rozor26J-2633L well head
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Total Attach: 1 Files