

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:  
401356183  
Date Received:  
07/27/2017

## FIR RESOLUTION FORM

### 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

Gopsill, Eric

eric.gopsill@bnn-energy.com

Leonard, Mike

mike.leonard@state.co.us

### COGCC INSPECTION SUMMARY:

FIR Document Number: 684903877

Inspection Date: 06/27/2017

FIR Submit Date: 06/27/2017

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

### Inspected Operator Information:

Company Name: BNN WESTERN LLC

Company Number: 10608

Address: 370 VAN GORDON STREET

City: LAKEWOOD State: CO Zip: 80228

### LOCATION - Location ID: 420505

Location Name: Wild Horse Number: 16-13H County: \_\_\_\_\_

Qtrqr: NWS Sec: 16 Twp: 9N Range: 59W Meridian: 6  
W

Latitude: 40.748570 Longitude: -103.990200

### FACILITY - API Number: 05-123- -00 Facility ID: 420505

Facility Name: Wild Horse Number: 16-13H

Qtrqr: NWS Sec: 16 Twp: 9N Range: 59W Meridian: 6  
W

Latitude: 40.748570 Longitude: -103.990200

### CORRECTIVE ACTIONS:

2 ☒ CA# 83861

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

Date: 07/27/2017

Response: CA COMPLETED

Date of Completion: 07/17/2017

Operator  
Comment:

A sign has been installed at the well head with the current operators emergency contact information. See the attached picture.

COGCC Decision: Approved

COGCC  
Representative:

3  CA# 83862

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

Date: 07/27/2017

Response: CA COMPLETED

Date of Completion: 07/17/2017

Operator  
Comment:

A sign has been installed at the well head with the current operators contact information. See attached picture.

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: Eric Gopsill

Signed: \_\_\_\_\_

Title: Director: Water Solutions

Date: 7/27/2017 11:30:15 AM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

401356183	FIR RESOLUTION SUBMITTED
401356196	Sign at Wildhorse well head

Total Attach: 2 Files