

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:

401533868

Date Received:

02/02/2018

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: 26580

Name of Operator: BURLINGTON RESOURCES OIL & GAS LP

Address: 600 N DAIRY ASHFORD RD

City: HOUSTON State: TX Zip: 77079

Contact Name and Telephone:

Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Additional Operator Contact:

Contact Name

Brian Aldrich

Phone

1-303-268-3705

Email

Brian.C.Aldrich@conocophillips.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 688301112

Inspection Date: 01/26/2018

FIR Submit Date: 02/01/2018

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

Inspected Operator Information:

Company Name: BURLINGTON RESOURCES OIL & GAS LP

Company Number: 26580

Address: 600 N DAIRY ASHFORD RD

City: HOUSTON State: TX Zip: 77079

LOCATION - Location ID: 442643

Location Name: B&D Land 4-64 4 Number: 1H County: ARAPAHOE

Qtrqr: SESE Sec: 4 Twp: 4S Range: 64W Meridian: 6

Latitude: 39.726694 Longitude: -104.547081

FACILITY - API Number: 05-005- -00 Facility ID: 442641

Facility Name: B&D LAND 4-64 4-5 Number: 4BH

Qtrqr: SESE Sec: 4 Twp: 4S Range: 64W Meridian: 6

Latitude: 39.726694 Longitude: -104.547081

CORRECTIVE ACTIONS:

1 CA# 114262

Corrective Action: Securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 605.d.

Date: 03/01/2018

Response: CA COMPLETED

Date of Completion: 02/01/2018

Operator Comment: Leak was repaired 30 minutes after discovery.

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

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**OPERATOR COMMENT AND SUBMITTAL**

Comment: Burlington Resoureces respectfully submits the completion of the corrective action associated with this inspection.

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

Print Name: Jennifer Dixon

Signed:

Title: Regulatory Coordinator

Date: 2/2/2018 6:36:21 AM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

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Total Attach: 0 Files