

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:  
401640521  
Date Received:  
05/15/2018

## 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: 96340  
Name of Operator: WIEPKING-FULLERTON ENERGY LLC  
Address: 96 GLENMOOR LN  
City: ENGLEWOOD State: CO Zip: 80113  
Contact Name and Telephone:  
Name: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_

### Additional Operator Contact:

Contact Name	Phone	Email
<u>Axelson, John</u>		<u>john.axelson@state.co.us</u>
<u>Boone, Linda</u>	<u>(720) 271-8605</u>	<u>LDBoonePar@aol.com</u>
<u>Halde, Kerry</u>	<u>719-346-0653 off/6975</u>	<u>haldeoil@hotmail.com</u>
<u>Weipking, Jeff</u>	<u>(303) 789-1798</u>	<u>jwiepking@msn.com</u>

### COGCC INSPECTION SUMMARY:

FIR Document Number: 682600469  
Inspection Date: 05/07/2018 FIR Submit Date: 05/08/2018 FIR Status: \_\_\_\_\_

### Inspected Operator Information:

Company Name: WIEPKING-FULLERTON ENERGY LLC Company Number: 96340  
Address: 8972 EAST 29TH PLACE  
City: DENVER State: CO Zip: 80238

### LOCATION - Location ID: 431780

Location Name: Raptor Number: 6 County: LINCOLN  
Qtrqr: SWNE Sec: 18 Twp: 10S Range: 55W Meridian: 6  
Latitude: 39.180470 Longitude: -103.591540

### FACILITY - API Number: 05-073-00 Facility ID: 431781

Facility Name: Raptor Number: 6  
Qtrqr: SWNE Sec: 18 Twp: 10S Range: 55W Meridian: 6  
Latitude: 39.180470 Longitude: -103.591540

### CORRECTIVE ACTIONS:

1 ☒ CA# 116263

Corrective Action: Control and contain spills/releases and clean up per Rule 906.a. Contact COGCC EPS staff.

Date: 06/09/2018

Response: CA COMPLETED

Date of Completion: 05/14/2018

Operator  
Comment: Staining around wellhead has been cleaned up.

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: Linda Boone

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

Title: Agent

Date: 5/15/2018 11:22:41 AM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

401640521	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files