

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:

401668436

Date Received:

06/08/2018

FIR RESOLUTION FORM

Overall Status: FRQ

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

0 CA Completed

1 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10679

Name of Operator: LOGOS OPERATING LLC

Address: 2010 AFTON PLACE

City: FARMINGTON State: NM Zip: 87415

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Sessions, Tamra

tsessions@logosresourcesllc.com

Rowley, Darren

drowley@logosresourcesllc.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 680602727

Inspection Date: 05/17/2018

FIR Submit Date: 06/04/2018

FIR Status: _____

Inspected Operator Information:

Company Name: LOGOS OPERATING LLC

Company Number: 10679

Address: 2010 AFTON PLACE

City: FARMINGTON State: NM Zip: 87415

LOCATION - Location ID: 326429

Location Name: IGNACIO 33-8-N33N8W Number: 12NENW County: LA PLATA

Qtrqtr: NENW Sec: 12 Twp: 33N Range: 8W Meridian: N

Latitude: 37.123060 Longitude: -107.671680

FACILITY - API Number: 05-067- -00 Facility ID: 216480

Facility Name: IGNACIO 33-8 Number: 1A

Qtrqtr: NENW Sec: 12 Twp: 33N Range: 8W Meridian: N

Latitude: 37.123060 Longitude: -107.671680

CORRECTIVE ACTIONS:

1 CA# 116658

Corrective Action: Remove junk and debris.

Date: 07/31/2018

Response: FACTUAL REVIEW REQUEST

Basis for Review: Equipment belongs to the surface owner

Operator Comment: LOGO's Operating, LLC and predecessors have reduced the pad size down to the current operating area. The surface owner has begun utilizing the area outside of our operating area for their own use. We do not have ownership of the materials stored on the surface owner's property and do not have authority to remove the debris.

COGCC Decision: _____

COGCC
Representative:

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OPERATOR COMMENT AND SUBMITTAL

Comment:

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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: Larissa Farrell

Signed: _____

Title: Regulatory Technician

Date: 6/8/2018 3:26:32 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