

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:

401756808

Date Received:

09/07/2018

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

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

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10651

Name of Operator: VERDAD RESOURCES LLC

Address: 5950 CEDAR SPRINGS ROAD

City: DALLAS State: TX Zip: 75235

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Michael Cugnetti

Phone

720-845-6901

Email

mcugnetti@verdadoil.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 687400589

Inspection Date: 08/30/2018

FIR Submit Date: 08/30/2018

FIR Status: _____

Inspected Operator Information:

Company Name: VERDAD RESOURCES LLC

Company Number: 10651

Address: 5950 CEDAR SPRINGS ROAD

City: DALLAS State: TX Zip: 75235

LOCATION - Location ID: 320462

Location Name: GREAT WESTERN BOX ELDER Number: 32-20 County: _____

Qtrqtr: SWNE Sec: 20 Twp: 1S Range: 65W Meridian: 6

Latitude: 39.952350 Longitude: -104.685895

FACILITY - API Number: 05-001- -00 Facility ID: 320462

Facility Name: GREAT WESTERN BOX ELDER Number: 32-20

Qtrqtr: SWNE Sec: 20 Twp: 1S Range: 65W Meridian: 6

Latitude: 39.952350 Longitude: -104.685895

CORRECTIVE ACTIONS:

1 CA# 118336

Corrective Action: Install or repair wildlife protection equipment
324 A,a,

Date: 09/10/2018

Response: CA COMPLETED

Date of Completion: 09/05/2018

Operator Comment: wildlife protection equipment repaired, holes mended

COGCC Decision: _____

COGCC
Representative:

2 CA# 118337

Corrective Action: Comply with Rule 603.f .

Date: 09/10/2018

Response: CA COMPLETED

Date of Completion: 09/05/2018

Operator
Comment: cinder blocks removed from location

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: all corrective actions completed 9/5/18

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

Print Name: Michael Cugnetti

Signed: _____

Title: EH&S Manager

Date: 9/7/2018 11:41:58 AM

ATTACHMENT LIST

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

Document Number **Description**

401756817	Corrective action photo
401756820	Corrective action photo

Total Attach: 2 Files