

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:  
401838612

Date Received:  
11/19/2018

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: 19160

Name of Operator: CONOCO PHILLIPS COMPANY

Address: 925 N ELDRIDGE PARKWAY

City: HOUSTON State: TX Zip: 77079

Contact Name and Telephone:

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

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

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

Additional Operator Contact:

Contact Name

Phone

Email

LIANG YU

8324866014

LIANG.YU@COP.COM

COGCC INSPECTION SUMMARY:

FIR Document Number: 688302933

Inspection Date: 11/08/2018

FIR Submit Date: 11/13/2018

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

Inspected Operator Information:

Company Name: CONOCO PHILLIPS COMPANY

Company Number: 19160

Address: P O BOX 2197

City: HOUSTON State: TX Zip: 77252-2197

LOCATION - Location ID: 451622

Location Name: State Challenger 5-65 2-3 Number: 3BYH County: ARAPAHOE

Qtrqr: NWS Sec: 1 Twp: 5S Range: 65W Meridian: 6  
W

Latitude: 39.642569 Longitude: -104.618422

FACILITY - API Number: 05-005- -00 Facility ID: 451919

Facility Name: State Challenger 5-65 2-3 Number: 3BYH

Qtrqr: NWS Sec: 1 Twp: 5S Range: 65W Meridian: 6  
W

Latitude: 39.642569 Longitude: -104.618422

CORRECTIVE ACTIONS:

1 CA# 120401

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: 12/14/2018

Response: CA COMPLETED

Date of Completion: 11/14/2018

Operator Comment: The source of the spill was a broken sight glass on the combustor knockout blow case vessel which was repaired before COGCC's inspection was conducted. The contaminated soil was cleaned up and disposed of and replaced with clean soil.

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

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: Joan Swetlick

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

Title: Regulatory

Date: 11/19/2018 1:08:59 PM

**ATTACHMENT LIST**

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

<b><u>Document Number</u></b>	<b><u>Description</u></b>
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Total Attach: 0 Files