

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:
401888292

Date Received:
12/28/2018

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: 10330

Name of Operator: INVESTMENT EQUIPMENT LLC

Address: 412 W PLATTE AVE

City: FT MORGAN State: CO Zip: 80701

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Jim Chisholm

Phone

405-642-9437

Email

investmentequipment@gmail.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 692600972

Inspection Date: 12/18/2018

FIR Submit Date: 12/19/2018

FIR Status: _____

Inspected Operator Information:

Company Name: INVESTMENT EQUIPMENT LLC

Company Number: 10330

Address: 412 W PLATTE AVE

City: FT MORGAN State: CO Zip: 80701

LOCATION - Location ID: 321150

Location Name: HARPER-633S43W Number: 20CSW County: BACA

Qtrqtr: CSW Sec: 20 Twp: 33S Range: 43W Meridian: 6

Latitude: 37.153060 Longitude: -102.290418

FACILITY - API Number: 05-009-00 Facility ID: 206157

Facility Name: HARPER Number: 1-20

Qtrqtr: CSW Sec: 20 Twp: 33S Range: 43W Meridian: 6

Latitude: 37.153060 Longitude: -102.290418

CORRECTIVE ACTIONS:

1 CA# 121168

Corrective Action: Remove equipment from location and begin final reclamation

Date: 01/18/2019

Response: CA COMPLETED

Date of Completion: 12/27/2018

Operator
Comment:

Removed equipment and debris from location and prepared for reclamation.

COGCC Decision: _____

COGCC
Representative:

2 CA# 121169

Corrective Action: Remove unused tubing from location and begin final reclamation

Date: _____

Response: CA COMPLETED

Date of Completion: 12/28/2018

Operator
Comment:

Removed tubing and wellhead equipment from location and prepared location for reclamation.

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: Jim Chisholm

Signed: _____

Title: Mgr Member

Date: 12/28/2018 1:39:28 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