

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:

401912150

Date Received:

01/21/2019

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: 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

Boone, Linda

(720) 271-8605

LDBoonePar@aol.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 674902361

Inspection Date: 12/21/2018

FIR Submit Date: 12/27/2018

FIR Status: _____

Inspected Operator Information:

Company Name: WIEPKING-FULLERTON ENERGY LLC

Company Number: 96340

Address: 96 GLENMOOR LN

City: ENGLEWOOD State: CO Zip: 80113

LOCATION - Location ID: 381146

Location Name: NARCO UPRC-614S47W Number: 9NENE County: CHEYENNE

Qtrqr: NENE Sec: 9 Twp: 14S Range: 47W Meridian: 6

Latitude: 38.850364 Longitude: -102.669254

FACILITY - API Number: 05-017- -00 Facility ID: 208504

Facility Name: NARCO UPRC Number: 41-9

Qtrqr: NENE Sec: 9 Twp: 14S Range: 47W Meridian: 6

Latitude: 38.850364 Longitude: -102.669254

CORRECTIVE ACTIONS:

1 CA# 121369

Corrective Action: Perform reclamation in accordance to COGCC 1004 reclamation rules and requirements. Remove remaining debris. Operator is directed to perform corrective actions outlined on this inspection report immediately. Doing so may decrease the duration of the alleged violations and the penalties that may be assessed pursuant to Rule 523.

Date: 12/21/2018

Response: CA COMPLETED

Date of Completion: 01/07/2019

Operator Comment: Operator removed debris on 1/7/2019. The operator then requested that LTE conduct another site review to verify that the matter had been resolved. LTE re-inspected the site.

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: Linda Boone

Signed: _____

Title: Agent _____

Date: 1/21/2019 1:19:44 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