

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:

401913371

Date Received:

01/22/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 4 CAs from the FIR responded to on this Form

1 CA Completed

0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10672

Name of Operator: TIMBER CREEK OPERATING LLC

Address: 1001 17TH STREET #1000

City: DENVER State: CO Zip: 80202

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Amato, Joseph

719-845-2110/719-859-2263

josephamato@tcenergy.us

Santistevan, Vince

719-845-2102/719-680-9705

vincasantistevan@tcenergy.us

COGCC INSPECTION SUMMARY:

FIR Document Number: 688401075

Inspection Date: 01/17/2019

FIR Submit Date: 01/17/2019

FIR Status: _____

Inspected Operator Information:

Company Name: TIMBER CREEK OPERATING LLC

Company Number: 10672

Address: 1001 17TH STREET #1000

City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 307377

Location Name: APACHE CANYON-634S67W Number: 17SESW County: LAS ANIMAS

Qtrqtr: SESW Sec: 17 Twp: 34S Range: 67W Meridian: 6

Latitude: 37.077708 Longitude: -104.912582

FACILITY - API Number: 05-071- -00 Facility ID: 217564

Facility Name: APACHE CANYON Number: 17-14

Qtrqtr: SESW Sec: 17 Twp: 34S Range: 67W Meridian: 6

Latitude: 37.077708 Longitude: -104.912582

CORRECTIVE ACTIONS:

1 CA# 121793

Corrective Action: Comply with COGCC rule 1002 F (2) D Provide COGCC with pocedure and maintenance documentation within 48hrs

Date: 01/21/2019

Response: CA COMPLETED

Date of Completion: 01/21/2019

Operator Comment: Self-inspection, maintenance and good house keeping procedures and schedules are attached from our SWMP. Current annual inspection is also attached.

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Partial CA submittal.

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

Print Name: Joseph Amato

Signed: _____

Title: Regulatory Manager

Date: 1/22/2019 2:01:29 PM

ATTACHMENT LIST

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

Document Number **Description**

401913381	Annual storm water inspection
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Total Attach: 1 Files