

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:
401910665
Date Received:
01/18/2019

FIR RESOLUTION FORM

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: 10634
Name of Operator: P O & G OPERATING LLC
Address: 5847 SAN FELIPE SUITE 3200
City: HOUSTON State: TX Zip: 77057
Contact Name and Telephone:
Name:
Phone: () Fax: ()
Email:

Additional Operator Contact:

| Contact Name | Phone | Email |
|----------------|--------------|--------------------------------|
| Hudson, Glenn | 713-589-8186 | glenn_hudson@pogresources.com |
| Vasquez, Kelly | 713-589-8192 | kelly_vasquez@pogresources.com |

COGCC INSPECTION SUMMARY:

FIR Document Number: 688303453
Inspection Date: 01/02/2019 FIR Submit Date: 01/13/2019 FIR Status:

Inspected Operator Information:

Company Name: P O & G OPERATING LLC Company Number: 10634
Address: 5847 SAN FELIPE SUITE 3200
City: HOUSTON State: TX Zip: 77057

LOCATION - Location ID: 317178

Location Name: HERZBERG 'P'-62S52W Number: 34NWSE County: WASHINGTON
Qtrqtr: NWSE Sec: 34 Twp: 2S Range: 52W Meridian: 6
Latitude: 39.834100 Longitude: -103.186900

FACILITY - API Number: 05-121- -00 Facility ID: 237044

Facility Name: HERZBERG 'P' Number: 1
Qtrqtr: NWSE Sec: 34 Twp: 2S Range: 52W Meridian: 6
Latitude: 39.834100 Longitude: -103.186900

CORRECTIVE ACTIONS:

1 ☒ CA# 121673

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: 02/14/2019

Response: CA COMPLETED

Date of Completion: 01/18/2019

Operator Comment: Roustabout crew arrived on location 1/18/2019 and replaced the leaking valve on the loadout line on the oil tank. The leak has been stopped.

COGCC Decision: Approved

COGCC Representative: Reinspected, passed.

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: Kelly Vasquez

Signed: _____

Title: Regulatory Associate

Date: 1/18/2019 12:25:25 PM

ATTACHMENT LIST

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

Document Number **Description**

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|-----------|--------------------------|
| 401910665 | FIR RESOLUTION SUBMITTED |
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Total Attach: 1 Files