

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:
401957362
Date Received:
03/01/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

3 of 3 CAs from the FIR responded to on this Form

3 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10661

Name of Operator: BISON OIL & GAS II LLC

Address: 518 17TH STREET #1800

City: DENVER State: CO Zip: 80202

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Pesicka, Conor</u>		<u>conor.pesicka@state.co.us</u>
<u>Wenk, Abigail</u>	<u>720-644-6997</u>	<u>awenk@bisonog.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 682504459

Inspection Date: 01/31/2019

FIR Submit Date: 02/01/2019

FIR Status: _____

Inspected Operator Information:

Company Name: BISON OIL & GAS II LLC

Company Number: 10661

Address: 518 17TH STREET #1800

City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 425364

Location Name: WCR100 Group Number: 14-11-8-61 County: _____

Qtrqr: NWN Sec: 14 Twp: 8N Range: 61W Meridian: 6
W

Latitude: 40.668420 Longitude: -104.180200

FACILITY - API Number: 05-123-00 Facility ID: 425364

Facility Name: WCR100 Group Number: 14-11-8-61

Qtrqr: NWN Sec: 14 Twp: 8N Range: 61W Meridian: 6
W

Latitude: 40.668420 Longitude: -104.180200

CORRECTIVE ACTIIONS:

1	CA# 122253	
Corrective Action:	<u>Install sign to comply with Rule 210.b.</u>	Date: <u>03/01/2019</u>
Response:	<u>CA COMPLETED</u>	Date of Completion: <u>02/15/2019</u>
Operator Comment:	<u>Installed stickers on the signs on location to update operator name and phone number. See attached photo.</u>	

COGCC Decision: _____

COGCC
Representative:

2 CA# 122254

Corrective Action: Date: 03/01/2019

Response: CA COMPLETED

Date of Completion: 02/15/2019

Operator Comment:

COGCC Decision: _____

COGCC
Representative:

3 CA# 122255

Corrective Action: Date: 03/01/2019

Response: CA COMPLETED

Date of Completion: 02/15/2019

Operator Comment:

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: Abigail Wenk

Signed: _____

Title: Manager of Compliance

Date: 3/1/2019 4:10:46 PM

ATTACHMENT LIST

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

Document Number	Description
401957513	Berm Picture
401957514	Berm Picture
401957515	Signage Picture

Total Attach: 3 Files