

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:

401991124

Date Received:

04/01/2019

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: 51130

Name of Operator: LOCIN OIL CORPORATION

Address: 2445 TECHNOLOGY FOREST BD #710

City: THE WOODLANDS State: TX Zip: 77381

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
Waldron, Emily		emily.waldron@state.co.us
Kellerby, Shaun	970-712-1248	shaun.kellerby@state.co.us

COGCC INSPECTION SUMMARY:

FIR Document Number: 679701796

Inspection Date: 11/19/2018

FIR Submit Date: 11/19/2018

FIR Status: _____

Inspected Operator Information:

Company Name: LOCIN OIL CORPORATION

Company Number: 51130

Address: 2445 TECHNOLOGY FOREST BD #710

City: THE WOODLANDS State: TX Zip: 77381

LOCATION - Location ID: 316045

Location Name: WEST DRAGON TRAIL-62S102W Number: 32NWNW County: RIO BLANCO

Qtrqtr: NWN Sec: 32 Twp: 2S Range: 102W Meridian: 6
W

Latitude: 39.836733 Longitude: -108.874133

FACILITY - API Number: 05-103-00 Facility ID: 231977

Facility Name: WEST DRAGON TRAIL Number: 4-32-2-2

Qtrqtr: NWN Sec: 32 Twp: 2S Range: 102W Meridian: 6
W

Latitude: 39.836733 Longitude: -108.874133

CORRECTIVE ACTIONS:

1 CA# 120536

Corrective Action: Submit an eForm 15 Pit Report to update COGCC records with current information to comply with rule 903.a.

Date: 12/14/2018

Response: CA COMPLETED

Date of Completion: 03/06/2019

Pit has been approved by COGCC as Facility #104256. COGCC did not transfer this facility from prior operator

Operator Comment: when the associated well transfer was approved in 2000. Form 10 was filed electronically on March 6, 2019 document #401957993 to transfer the facility to Locin Oil Corporation.

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: Michael Nicol

Signed: _____

Title: Manager

Date: 4/1/2019 2:22:25 PM

ATTACHMENT LIST

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

Document Number **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files