

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:

401992487

Date Received:

04/02/2019

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: 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

Nicol, Mike

281-362-8600 x116

mnicol@nclnr.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 679703067

Inspection Date: 02/21/2019

FIR Submit Date: 02/21/2019

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: 316091

Location Name: ROBERTS GOVERNMENT-63S102W Number: 4NENE County: RIO BLANCO

Qtrqtr: NENE Sec: 4 Twp: 3S Range: 102W Meridian: 6

Latitude: 39.821267 Longitude: -108.843133

FACILITY - API Number: 05-103-00 Facility ID: 232094

Facility Name: ROBERTS GOVERNMENT Number: 1-4-3-2

Qtrqtr: NENE Sec: 4 Twp: 3S Range: 102W Meridian: 6

Latitude: 39.821267 Longitude: -108.843133

CORRECTIVE ACTIONS:

1 ☒ CA# 122646

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

Date: 02/06/2019

Response: CA COMPLETED

Date of Completion: 03/06/2019

Operator Comment: Pits have been approved by COGCC as Facilities #107455 and #107456. COGCC did not transfer these facilities from the prior operator when the associated well transfer was approved in 2000. From 10 was filed electronically on March 6, 2019 document #401957993 to transfer the facilities to Locin Oil Corporation.

COGCC Decision: Approved pending re-inspection

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: Michael Nicol

Signed: _____

Title: Manager

Date: 4/2/2019 7:47:36 AM

ATTACHMENT LIST

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

Document Number **Description**

401992487	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files