

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:

402030919

Date Received:

05/02/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 6720
Name of Operator: ROBERT L BAYLESS PRODUCER LLC
Address: P O BOX 168
City: FARMINGTON State: NM Zip: 87499

Contact Name and Telephone:
Name:
Phone: () Fax: ()
Email:

Additional Operator Contact:

| Contact Name | Phone | Email |
|-----------------|--------------|----------------------------|
| Trujillo, Aaron | | aaron.trujillo@state.co.us |
| Kellerby, Shaun | 970-712-1248 | shaun.kellerby@state.co.us |
| Trujillo, Helen | | notices@rlbayless.com |

COGCC INSPECTION SUMMARY:

FIR Document Number: 679702474
Inspection Date: 01/04/2019 FIR Submit Date: 01/04/2019 FIR Status:

Inspected Operator Information:

Company Name: ROBERT L BAYLESS PRODUCER LLC Company Number: 6720
Address: 621 17TH ST STE 2300
City: DENVER State: CO Zip: 80293

LOCATION - Location ID: 316466

Location Name: WEAVER RIDGE-61S104W Number: 23SWSE County: RIO BLANCO
Qtrqtr: SWSE Sec: 23 Twp: 1S Range: 104W Meridian: 6
Latitude: 39.940323 Longitude: -109.033407

FACILITY - API Number: 05-103-00 Facility ID: 277805

Facility Name: WEAVER RIDGE Number: 23-15
Qtrqtr: SWSE Sec: 23 Twp: 1S Range: 104W Meridian: 6
Latitude: 39.940323 Longitude: -109.033407

CORRECTIVE ACTIONS:

1 CA# 121517

Corrective Action: Install sign to comply with Rule 210.d. Date: 03/08/2019

Response: CA COMPLETED Date of Completion: 04/23/2019

Operator Comment: 400 written on fire labels

COGCC Decision: _____

COGCC Representative: _____

2 CA# 121518

Corrective Action: Install sign to comply with Rule 210.d.

Date: 03/08/2019

Response: CA COMPLETED

Date of Completion: 05/08/2019

Operator Comment: Stickers on order, estimated arrival 5/8/2019 and will install

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: Helen Trujillo

Signed: _____

Title: Office Manager

Date: 5/2/2019 5:18:50 PM

ATTACHMENT LIST

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

| <u>Document Number</u> | <u>Description</u> |
|------------------------|--------------------|
| | |

Total Attach: 0 Files