

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>
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Total Attach: 0 Files