

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:

402056546

Date Received:

05/28/2019

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: 10110

Name of Operator: GREAT WESTERN OPERATING COMPANY LLC

Address: 1001 17TH STREET #2000

City: DENVER State: CO Zip: 80202

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

KELLY PALUCH

Phone

970-364-2812

Email

cogccinspections@gwogco.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 696100351

Inspection Date: 03/01/2019

FIR Submit Date: 03/02/2019

FIR Status: _____

Inspected Operator Information:

Company Name: GREAT WESTERN OPERATING COMPANY LLC

Company Number: 10110

Address: 1001 17TH STREET #2000

City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 428960

Location Name: HCW FD PAD Number: 24-36D County: _____

Qtrqr: SESW Sec: 24 Twp: 6N Range: 67W Meridian: 6

Latitude: 40.465356 Longitude: -104.842847

FACILITY - API Number: 05-123- -00 Facility ID: 428960

Facility Name: HCW FD PAD Number: 24-36D

Qtrqr: SESW Sec: 24 Twp: 6N Range: 67W Meridian: 6

Latitude: 40.465356 Longitude: -104.842847

CORRECTIVE ACTIONS:

1 CA# 122865

Corrective Action: HCW FD 24-20D, HCW FD 24-36D wellsites: Post correct well signs. Comply w/ Rule 210.b

Date: 05/03/2019

Response: CA COMPLETED

Date of Completion: 05/28/2019

Operator Comment: ALL SIGNS HAVE BEEN UP-DATED SEE RE-INSPECTION 696100926

COGCC Decision: _____

COGCC
Representative:

2 CA# 122866

Corrective Action: HCW FD 24-35D wellsite: Post Emergency contact number. Comply w/ Rule 210.b

Date: 04/03/2019

Response: CA COMPLETED

Date of Completion: 05/29/2019

Operator
Comment:

ALL WEELSIGNS HAVE EMERGENCY NO. POSTED SEE RE-INSPECTION 696100926

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: KELLY PALUCH

Signed:

Title: SR. ADMIN ASST.

Date: 5/28/2019 12:15:25 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