

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:  
402122480  
Date Received:  
07/25/2019

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: 56680

Name of Operator: MERRION OIL & GAS CORP

Address: 610 REILLY AVENUE

City: FARMINGTON State: NM Zip: 87401

Contact Name and Telephone:

Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Additional Operator Contact:

Contact Name

Phone

Email

Kellerby, Shaun

970-712-1248

shaun.kellerby@state.co.us

Thompson, Philana

505-486-1171

pthompson@merrion.bz

COGCC INSPECTION SUMMARY:

FIR Document Number: 679703281

Inspection Date: 03/07/2019

FIR Submit Date: 03/07/2019

FIR Status: \_\_\_\_\_

Inspected Operator Information:

Company Name: MERRION OIL & GAS CORP

Company Number: 56680

Address: 610 REILLY AVENUE

City: FARMINGTON State: NM Zip: 87401

LOCATION - Location ID: 316089

Location Name: PARK MOUNTAIN-63S103W Number: 7NWNE County: RIO BLANCO

Qtrqr: NWNE Sec: 7 Twp: 3S Range: 103W Meridian: 6

Latitude: 39.806050 Longitude: -108.995480

FACILITY - API Number: 05-103- -00 Facility ID: 232085

Facility Name: PARK MOUNTAIN Number: 31-7

Qtrqr: NWNE Sec: 7 Twp: 3S Range: 103W Meridian: 6

Latitude: 39.806050 Longitude: -108.995480

CORRECTIVE ACTIONS:

1 CA# 123047

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

Date: 05/08/2019

Response: CA COMPLETED

Date of Completion: 05/01/2019

Operator  
Comment:

New sign installed that includes nearest public road and 911

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

**2** CA# 123048

Corrective Action: Comply with Rule 603.f .

Date: 06/05/2019

Response: CA COMPLETED

Date of Completion: 05/01/2019

Operator  
Comment: two unused barrels were removed

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: Philana Thompson

Signed: \_\_\_\_\_

Title: Regulatory Compliance

Date: 7/25/2019 2:24:44 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

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Total Attach: 0 Files