

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:

402177752

Date Received:

09/16/2019

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

PALUCH, KELLY

Phone

970-364-2812

Email

cogccinspections@gwogco.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 696300014

Inspection Date: 03/12/2019

FIR Submit Date: 03/12/2019

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: 418911

Location Name: LARSON TANK BATTERY Number: _____ County: _____

Qtrqr: NWN Sec: 20 Twp: 7N Range: 66W Meridian: 6
W

Latitude: 40.567230 Longitude: -104.807410

FACILITY - API Number: 05-123- -00 Facility ID: 418911

Facility Name: LARSON TANK BATTERY Number: _____

Qtrqr: NWN Sec: 20 Twp: 7N Range: 66W Meridian: 6
W

Latitude: 40.567230 Longitude: -104.807410

CORRECTIVE ACTIONS:

1 CA# 123157

Corrective Action: Install or repair wildlife protection equipment

Date: 04/12/2019

Response: CA COMPLETED

Date of Completion: 09/11/2019

Operator
Comment:

CORRECTIVE ACTION COMPLETED - SEE ATTACHED PHOTO (S)

COGCC Decision: _____

COGCC
Representative:

2 CA# 123158

Corrective Action: Remove or remediate stained soil; Securely fasten all valves, pipes, and fittings to ensure good mechanical condition per Rule 605.d.

Date: 04/12/2019

Response: CA COMPLETED

Date of Completion: 09/11/2019

Operator
Comment:

CORRECTIVE ACTION COMPLETED - SEE ATTACHED PHOTO (S)

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: 9/16/2019 11:24:03 AM

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>
402177770	PHOTO #2
402177771	PHOTO #3
402177774	PHOTO #1

Total Attach: 3 Files