

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:

402260099

Date Received:

12/11/2019

**FIR RESOLUTION FORM**

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed  
0 Factual Review Request

**OPERATOR INFORMATION**

OGCC Operator Number: 19160

Name of Operator: CONOCO PHILLIPS COMPANY

Address: 925 N ELDRIDGE PARKWAY

City: HOUSTON State: TX Zip: 77079

Contact Name and Telephone:

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

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

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

Additional Operator Contact:

Contact Name

Phone

Email

Smith, Larry

larry.r.smith@conocophillips.com

ConocoPhillips

COPColoradoReg@conocophillips.com

**COGCC INSPECTION SUMMARY:**

FIR Document Number: 688306413

Inspection Date: 11/25/2019

FIR Submit Date: 12/02/2019

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

**Inspected Operator Information:**

Company Name: CONOCO PHILLIPS COMPANY

Company Number: 19160

Address: 925 N ELDRIDGE PARKWAY

City: HOUSTON State: TX Zip: 77079

**LOCATION - Location ID: 449486**

Location Name: Lone Tree 4-65 15-16 Number: 3BH County: ARAPAHOE

Qtrqtr: SENE Sec: 15 Twp: 4S Range: 65W Meridian: 6

Latitude: 39.706008 Longitude: -104.643033

**FACILITY - API Number: 05-005- -00 Facility ID: 449473**

Facility Name: LONE TREE 4-65 15-16 Number: 3BH

Qtrqtr: SENE Sec: 15 Twp: 4S Range: 65W Meridian: 6

Latitude: 39.706008 Longitude: -104.643033

**CORRECTIVE ACTIONS:**

**1** CA# 134998

Corrective Action: Securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 605.d.

Date: 12/17/2019

Response: CA COMPLETED

Date of Completion: 12/10/2019

Operator Comment: Location has been inspected by field operations and measures have been taken to secure all valves, pipes, and fitting to ensure all stay in good mechanical condition. as per Rule 605.d.

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

COGCC  
Representative:

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**OPERATOR COMMENT AND SUBMITTAL**

Comment: Have confirmed with Field Operations personal (Nader Gulamhusein @ 303-268-3769) that measures have been taken as requested.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Larry Smith

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

Title: Sr. Reg. Coord.

Date: 12/11/2019 10:14:16 AM

**ATTACHMENT LIST**

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

<b><u>Document Number</u></b>	<b><u>Description</u></b>
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Total Attach: 0 Files