

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: Approved pending re-inspection

COGCC
Representative:

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.

Document Number **Description**

402260099	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files