

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:

402288279

Date Received:

01/16/2020

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: 10651

Name of Operator: VERDAD RESOURCES LLC

Address: 5950 CEDAR SPRINGS ROAD

City: DALLAS State: TX Zip: 75235

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Michael Cugnetti

Phone

720-845-6901

Email

mcugnetti@verdadresources.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 687400748

Inspection Date: 01/09/2020

FIR Submit Date: 01/09/2020

FIR Status: _____

Inspected Operator Information:

Company Name: VERDAD RESOURCES LLC

Company Number: 10651

Address: 5950 CEDAR SPRINGS ROAD

City: DALLAS State: TX Zip: 75235

LOCATION - Location ID: 320005

Location Name: GREAT WESTERN BROMLEY ESTATES Number: 1 County: _____

Qtrqtr: SENE Sec: 15 Twp: 1S Range: 65W Meridian: 6

Latitude: 39.968260 Longitude: -104.644364

FACILITY - API Number: 05-001- -00 Facility ID: 320005

Facility Name: GREAT WESTERN BROMLEY ESTATES Number: 1

Qtrqtr: SENE Sec: 15 Twp: 1S Range: 65W Meridian: 6

Latitude: 39.968260 Longitude: -104.644364

CORRECTIVE ACTIONS:

1 CA# 135816

Corrective Action: Measure gas per Rule 329.

Date: 02/07/2020

Response: CA COMPLETED

Date of Completion: 01/15/2020

Operator Comment: Meter Calibrated 1/15/2020. See attachment for CA documentation.

COGCC Decision: _____

COGCC
Representative:

2 CA# 135817

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: 02/07/2020

Response: CA COMPLETED

Date of Completion: 01/15/2020

Operator
Comment:

Wellhead retreed and sealed. Leaking repaired. See attached photo of CA.

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: Michael Cugnetti

Signed: _____

Title: Director of EHS&R

Date: 1/16/2020 2:57:17 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>
402288300	Gas meter calibration CA documentation
402288305	Photo documentation of wellhead leak repair CA

Total Attach: 2 Files