

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:
402339000

Date Received:
03/11/2020

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: 20275
Name of Operator: CORAL PRODUCTION CORP
Address: 1600 STOUT ST STE 1500
City: DENVER State: CO Zip: 80202

Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Chonka, Jim</u>	<u>(303) 623-3573</u>	<u>jpchonka@netscape.net</u>
<u>Wieger, Jim</u>	<u>(303) 623-3573</u>	<u>JIMWIEGER@QWESTOFFICE.NET</u>
<u>Young, Rob</u>		<u>rob.young@state.co.us</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 688307233
Inspection Date: 03/10/2020 FIR Submit Date: 03/10/2020 FIR Status: _____

Inspected Operator Information:

Company Name: CORAL PRODUCTION CORP Company Number: 20275
Address: 1600 STOUT ST STE 1500
City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 317368

Location Name: CHRISTIANSEN-63S50W Number: 27NENW County: WASHINGTON
Qtrqtr: NENW Sec: 27 Twp: 3S Range: 50W Meridian: 6
Latitude: 39.769220 Longitude: -102.967220

FACILITY - API Number: 05-121-00 Facility ID: 269686

Facility Name: CHRISTIANSEN Number: B-5
Qtrqtr: NENW Sec: 27 Twp: 3S Range: 50W Meridian: 6
Latitude: 39.769220 Longitude: -102.967220

CORRECTIVE ACTION:

1 CA# 137116

Corrective Action: Repair or install berms or other secondary containment devices per Rule 906.d.(1).

Date: 04/08/2020

Response: CA COMPLETED

Date of Completion: 03/10/2020

Operator Comment: berm repaired.

COGCC Decision: _____

COGCC
Representative:

2 CA# 137117

Corrective Action: Contact COGCC EPS for supplemental Form 19s.

Date: 03/25/2020

Response: CA COMPLETED

Date of Completion: 03/10/2020

Operator
Comment:

Supplemental Form 19 has been filed with COGCC.

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: JIM WIEGER

Signed: _____

Title: geologist

Date: 3/11/2020 8:39:58 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>

Total Attach: 0 Files