

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:
402355129

Date Received:
03/28/2020

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: 14855
Name of Operator: CENTRAL OPERATING INC

Address: 1600 BROADWAY STE 1050

City: DENVER State: CO Zip: 80202

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Conner Staley

720-819-7899

coidenverproduction@gmail.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 688000391

Inspection Date: 03/02/2020

FIR Submit Date: 03/11/2020

FIR Status: _____

Inspected Operator Information:

Company Name: CENTRAL OPERATING INC

Company Number: 14855

Address: 1600 BROADWAY STE 1050

City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 317067

Location Name: STATE-63S51W Number: 36SWNW County: _____

Qtrqr: SWN Sec: 36 Twp: 3S Range: 51W Meridian: 6
W

Latitude: 39.751720 Longitude: -103.045272

FACILITY - API Number: 05-121- -00 Facility ID: 317067

Facility Name: STATE-63S51W Number: 36SWNW

Qtrqr: SWN Sec: 36 Twp: 3S Range: 51W Meridian: 6
W

Latitude: 39.751720 Longitude: -103.045272

CORRECTIVE ACTIONS:

1 CA# 137144

Corrective Action: Provide data required (Soil disposal manifests and TPH analytical data) per COA letter (attached).

Date: 12/04/2006

Response: CA COMPLETED

Date of Completion: 03/28/2020

Operator Comment: Requesting temporary reprieve due to COVID-19

COGCC Decision: _____

COGCC
Representative:

2 CA# 137145

Corrective Action: Provide the supplemental spill report and perform the required sampling per the COA (Form 19 doc no 401571859 03/13/2018).

Date: 04/17/2020

Response: CA COMPLETED

Date of Completion: 03/28/2020

Operator
Comment: Requesting temporary reprieve due to COVID-19

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Requesting a temporary reprieve for action items due to COVID-19

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

Print Name: Conner Staley

Signed: _____

Title: Engineer

Date: 3/28/2020 7:29:45 PM

ATTACHMENT LIST

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

Document Number **Description**

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Total Attach: 0 Files