

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:
402368649

Date Received:
04/13/2020

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: 10351

Name of Operator: WAPITI OPERATING LLC

Address: 1310 W SAM HOUSTON PKWY N

City: HOUSTON State: TX Zip: 77043

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Mattorano, Michael</u>	<u>575-445-6704/505-652-0416</u>	<u>mmattorano@wapitienergy.com</u>
<u>Berry, Matthew</u>	<u>575-445-6785/505-652-8275</u>	<u>mberry@wapitienergy.com</u>
<u>Madison, Randy</u>	<u>575-445-6706/575-420-1120</u>	<u>rmadison@wapitienergy.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 695102463

Inspection Date: 03/30/2020

FIR Submit Date: 03/30/2020

FIR Status: _____

Inspected Operator Information:

Company Name: WAPITI OPERATING LLC

Company Number: 10351

Address: 1310 W SAM HOUSTON PKWY N

City: HOUSTON State: TX Zip: 77043

LOCATION - Location ID: 308015

Location Name: VPR C-634S66W Number: 24NWSW County: LAS ANIMAS

Qtrqtr: NWS Sec: 24 Twp: 34S Range: 66W Meridian: 6
W

Latitude: 37.067110 Longitude: -104.738190

FACILITY - API Number: 05-071-00 Facility ID: 260181

Facility Name: VPR C Number: 75

Qtrqtr: NWS Sec: 24 Twp: 34S Range: 66W Meridian: 6
W

Latitude: 37.067110 Longitude: -104.738190

CORRECTIVE ACTIONS:

1 CA# 137606

Corrective Action: Conduct maintenance on equipment, cleanup stained material and review self inspection processes.

Date: 04/30/2020

Response: CA COMPLETED

Date of Completion: 04/01/2020

Operator Comment: Stain and contaminated soil removed.

COGCC Decision: _____

COGCC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: This completes the CA's for this inspection. See attached pictures.

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

Print Name: Randy L. Madison

Signed: _____

Title: HSE Specialist

Date: 4/13/2020 9:48:46 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>
402368660	Picture #2
402368661	Picture #3
402368663	Picture #1

Total Attach: 3 Files