

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:
402366202

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: 10671

Name of Operator: EDGE ENERGY II LLC

Address: 1301 WASHINGTON AVE SUITE 300

City: GOLDEN State: CO Zip: 80401-6138

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Leonard, Mike</u>		<u>mike.leonard@state.co.us</u>
<u>Turner, Ben</u>	<u>303-887-6660</u>	<u>bturner@edgeenergy1.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 694400261

Inspection Date: 12/16/2019

FIR Submit Date: 12/16/2019

FIR Status: _____

Inspected Operator Information:

Company Name: EDGE ENERGY II LLC

Company Number: 10671

Address: 1301 WASHINGTON AVE SUITE 300

City: GOLDEN State: CO Zip: 80401-6138

LOCATION - Location ID: 457767

Location Name: Simpson Number: 26 Pad County: _____

Qtrqtr: NESE Sec: 26 Twp: 8N Range: 66W Meridian: 6

Latitude: 40.632960 Longitude: -104.735970

FACILITY - API Number: 05-123-00 Facility ID: 457767

Facility Name: Simpson Number: 26 Pad

Qtrqtr: NESE Sec: 26 Twp: 8N Range: 66W Meridian: 6

Latitude: 40.632960 Longitude: -104.735970

CORRECTIVE ACTIONS:

1 CA# 135381

Corrective Action: 605.c. Special Equipment. Under unusual circumstances special equipment may be required to protect public safety. The Director shall determine if such equipment should be employed to protect public safety and if so, require the operator to employ same. If the operator or the affected party does not concur with the action taken, the Director shall bring the matter before the Commission at public hearing.

Date: 12/27/2019

Response: CA COMPLETED Date of Completion: 12/27/2019

Corrective Actions were addressed by drilling contractor/operator.

Operator _____
Comment: _____

COGCC Decision: _____

COGCC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: This location is ready for a followup inspection.

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

Print Name: Ashley Noonan Signed: _____

Title: Sr. Regulatory Analyst Date: 4/13/2020 3:42:16 PM

ATTACHMENT LIST

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

Document Number **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files