

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:
402410878

Date Received:
06/02/2020

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: 24320

Name of Operator: DIAMOND OPERATING, INC.

Address: P O BOX 18746

City: BOULDER State: CO Zip: 80308

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Koehler, Bob

bob.koehler@state.co.us

PETERSON, DAVE

303-494-4420

davep@flatironenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 696301847

Inspection Date: 05/20/2020

FIR Submit Date: 05/20/2020

FIR Status: _____

Inspected Operator Information:

Company Name: DIAMOND OPERATING, INC.

Company Number: 24320

Address: P O BOX 18746

City: BOULDER State: CO Zip: 80308

LOCATION - Location ID: 332312

Location Name: GILLETTE*LOIS-69N61W Number: 9NWNW County: WELD

Qtrqr: NWN Sec: 9 Twp: 9N Range: 61W Meridian: 6
W

Latitude: 40.769330 Longitude: -104.218660

FACILITY - API Number: 05-123- -00 Facility ID: 271833

Facility Name: GILLETTE*LOIS Number: 1

Qtrqr: NWN Sec: 9 Twp: 9N Range: 61W Meridian: 6
W

Latitude: 40.769330 Longitude: -104.218660

CORRECTIVE ACTIONS:

1 CA# 139191

Corrective Action: Comply with Rule 603.f.

Date: 06/22/2020

Response: CA COMPLETED

Date of Completion: 05/25/2020

Operator Comment: Removed unused tubing next to buolding

COGCC Decision: _____

COGCC
Representative:

2 CA# 139192

Corrective Action: Install or repair wildlife protection equipment. Prevent any unauthorized discharge (specify condition if it is E&P waste, improper disposal, trash, etc.)

Date: 06/22/2020

Response: CA COMPLETED

Date of Completion: 05/27/2020

Operator
Comment:

Installed screen cover over chemical containment tub

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: All corrective actions have been completed.

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

Print Name: David Peterson

Signed: _____

Title: President

Date: 6/2/2020 10:18:52 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>
402410885	C.A resolved
402410886	C.A resolved

Total Attach: 2 Files