

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:

402442889

Date Received:

07/14/2020

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: 65110
Name of Operator: O'BRIEN ENERGY RESOURCES CORP
Address: 18 CONGRESS ST STE 207
City: PORTSMOUTH State: NH Zip: 03801

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

Additional Operator Contact:

Contact Name	Phone	Email
Forma, Joe	603-944-8253	JOEFORMA@OBENERGY.COM

COGCC INSPECTION SUMMARY:

FIR Document Number: 696301991
Inspection Date: 06/26/2020 FIR Submit Date: 06/26/2020 FIR Status:

Inspected Operator Information:

Company Name: O'BRIEN ENERGY RESOURCES CORP Company Number: 65110
Address: 18 CONGRESS ST STE 207
City: PORTSMOUTH State: NH Zip: 03801

LOCATION - Location ID: 332212

Location Name: SOUTH LOST CREEK-63N62W Number: 28SWSW County: WELD
Qtrqtr: SWS Sec: 28 Twp: 3N Range: 62W Meridian: 6
Latitude: 40.191674 Longitude: -104.336295

FACILITY - API Number: 05-123-00 Facility ID: 270985

Facility Name: SOUTH LOST CREEK Number: 8
Qtrqtr: SWS Sec: 28 Twp: 3N Range: 62W Meridian: 6
Latitude: 40.191674 Longitude: -104.336295

CORRECTIVE ACTIIONS:

1 CA# 140015

Corrective Action: Comply with Rule 210.c. and 210.d. Date: 07/31/2020

Response: CA COMPLETED Date of Completion: 07/14/2020

Operator Comment: Please be advised that all corrective actions have been completed in accordance with FIR # 696301991. Site is now ready for follow up inspection.

COGCC Decision: _____

COGCC
Representative:

2 CA# 140016

Corrective Action: Comply with Rule 603.f.

Date: 07/10/2020

Response: CA COMPLETED

Date of Completion: 07/01/2020

Operator
Comment:

Please be advised that all corrective actions have been completed in accordance with FIR # 696301991. Site is now ready for follow up inspection.

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: JOSEPH FORMA

Signed: _____

Title: PRESIDENT

Date: 7/14/2020 10:44:06 AM

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