

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:

402467490

Date Received:

08/14/2020

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: 10261  
Name of Operator: BAYSWATER EXPLORATION & PRODUCTION LLC  
Address: 730 17TH ST STE 500  
City: DENVER State: CO Zip: 80202  
Contact Name and Telephone:  
Name: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_

Additional Operator Contact:

Contact Name	Phone	Email
<u>Tyler Greenly</u>	<u>3038932503</u>	<u>tgreenly@bayswater.us</u>
<u>Bayswater</u>	<u>3038932503</u>	<u>wellinspections@bayswater.us</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 679603189  
Inspection Date: 08/10/2020 FIR Submit Date: 08/10/2020 FIR Status: \_\_\_\_\_

Inspected Operator Information:

Company Name: BAYSWATER EXPLORATION & PRODUCTION LLC Company Number: 10261  
Address: 730 17TH ST STE 500  
City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 439215

Location Name: WAAG MIDDLE SENW Number: PAD #1 County: \_\_\_\_\_  
Qtrqtr: SENW Sec: 19 Twp: 7N Range: 65W Meridian: 6  
Latitude: 40.561680 Longitude: -104.706960

FACILITY - API Number: 05-123-00 Facility ID: 439215

Facility Name: WAAG MIDDLE SENW Number: PAD #1  
Qtrqtr: SENW Sec: 19 Twp: 7N Range: 65W Meridian: 6  
Latitude: 40.561680 Longitude: -104.706960

CORRECTIVE ACTIONS:

1 CA# 141171

Corrective Action: Conduct maintenance on equipment, cleanup stained material and review self inspection processes per Rule 1002.f.(2).d. Date: 09/10/2020

Response: CA COMPLETED Date of Completion: 08/13/2020

Operator Comment: Removed stained soil.  
Bayswater conducts semi-annual inspections of its wells and locations to identify and address any corrective actions needed as outlined in Rule 1002.f.(2).d. Inspection findings are reviewed and lessons learned are communicated to its employees.

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

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**OPERATOR COMMENT AND SUBMITTAL**

Comment:

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

Print Name: Tyler Greenly

Signed: \_\_\_\_\_

Title: Superintendent

Date: 8/14/2020 4:14:12 PM

**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>
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Total Attach: 0 Files