

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

Tyler Greenly

3038932503

tgreenly@bayswater.us

Bayswater

3038932503

wellinspections@bayswater.us

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