

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:

402475062

Date Received:

08/26/2020

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: 77330

Name of Operator: SG INTERESTS I LTD

Address: 100 WAUGH DR SUITE 400

City: HOUSTON State: TX Zip: 77007

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Amanda Blanchard

Phone

970-385-0696

Email

ablanchard@sginterests.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 699801643

Inspection Date: 08/19/2020

FIR Submit Date: 08/19/2020

FIR Status: _____

Inspected Operator Information:

Company Name: SG INTERESTS I LTD

Company Number: 77330

Address: 100 WAUGH DR SUITE 400

City: HOUSTON State: TX Zip: 77007

LOCATION - Location ID: 324463

Location Name: FEDERAL-610S90W Number: 34NWSW County: _____

Qtrqr: NWS Sec: 34 Twp: 10S Range: 90W Meridian: 6
W

Latitude: 39.144450 Longitude: -107.432645

FACILITY - API Number: 05-051- -00 Facility ID: 324463

Facility Name: FEDERAL-610S90W Number: 34NWSW

Qtrqr: NWS Sec: 34 Twp: 10S Range: 90W Meridian: 6
W

Latitude: 39.144450 Longitude: -107.432645

CORRECTIVE ACTIONS:

1 CA# 141366

Corrective Action: Production facilities, shall be kept free of equipment and supplies not necessary for use on that lease. Remove unused equipment.

Date: 11/19/2020

Response: CA COMPLETED

Date of Completion: 08/22/2020

Operator Comment: unused pipe near tanks was removed.

COGCC Decision: _____

COGCC
Representative:

2 CA# 141367

Corrective Action: All tanks with a capacity of ten (10) barrels or greater shall be labeled with tank capacity. Properly label tank

Date: 11/19/2020

Response: CA COMPLETED

Date of Completion: 08/21/2020

Operator
Comment:

Tank capacity label had faded. It was re-labeled.

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: Amanda Blanchard

Signed: _____

Title: Env & Reg Manager

Date: 8/26/2020 7:23:01 AM

ATTACHMENT LIST

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

Document Number **Description**

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Total Attach: 0 Files