

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:

402366110

Date Received:

04/13/2020

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: 10671

Name of Operator: EDGE ENERGY II LLC

Address: 1301 WASHINGTON AVE SUITE 300

City: GOLDEN State: CO Zip: 80401-6138

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Kraich, Adam

adam.kraich@state.co.us

Turner, Ben

303-887-6660

bturner@edgeenergy1.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 679601124

Inspection Date: 07/03/2019

FIR Submit Date: 07/03/2019

FIR Status: _____

Inspected Operator Information:

Company Name: EDGE ENERGY II LLC

Company Number: 10671

Address: 1301 WASHINGTON AVE SUITE 300

City: GOLDEN State: CO Zip: 80401-6138

LOCATION - Location ID: 425165

Location Name: LINDSTROM 24-8-67 Number: 1H County: WELD

Qtrqtr: NENW Sec: 24 Twp: 8N Range: 67W Meridian: 6

Latitude: 40.653585 Longitude: -104.842301

FACILITY - API Number: 05-123-00 Facility ID: 425151

Facility Name: LINDSTROM 24-8-67 Number: 1H

Qtrqtr: NENW Sec: 24 Twp: 8N Range: 67W Meridian: 6

Latitude: 40.653585 Longitude: -104.842301

CORRECTIVE ACTIONS:

1 ☒ CA# 126720

Corrective Action: Securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 605.d.

Date: 08/03/2019

Response: CA COMPLETED

Date of Completion: 08/30/2019

Operator
Comment:

All valves, pipes and fittings are securely fastened to ensure good mechanical condition.

COGCC Decision: Approved pending re-inspection

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment:

This location is ready for follow up inspection.

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

Print Name: Ashely Noonan

Signed: _____

Title: Sr. Regulatory Analyst

Date: 4/13/2020 1:55:06 PM

ATTACHMENT LIST

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

Document Number **Description**

402366110	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files