

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:
402467509

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: 679603201
Inspection Date: 08/12/2020 FIR Submit Date: 08/12/2020 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: 306185

Location Name: WAAG-67N66W Number: 25NWNW County: WELD
Qtrqr: NWN Sec: 25 Twp: 7N Range: 66W Meridian: 6
W
Latitude: 40.552280 Longitude: -104.732340

FACILITY - API Number: 05-123-00 Facility ID: 286141

Facility Name: WAAG Number: 25-22
Qtrqr: NWN Sec: 25 Twp: 7N Range: 66W Meridian: 6
W
Latitude: 40.552280 Longitude: -104.732340

CORRECTIVE ACTIIONS:

1 CA# 141197

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

Date: 09/12/2020

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

Removed stained soil.

Operator

Comment:

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: Approved pending re-inspection

COGCC Representative:

[Empty box for COGCC Representative signature]

OPERATOR COMMENT AND SUBMITTAL

Comment:

[Empty box for Operator Comment]

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 4:26:32 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>
402467509	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files