

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:
402398089

Date Received:
05/14/2020

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: 10531
Name of Operator: GRIZZLY OPERATING LLC
Address: 5847 SAN FELIPE #3000
City: HOUSTON State: TX Zip: 77057

Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

| Contact Name | Phone | Email |
|---------------------|-----------------------|------------------------------------|
| <u>Ghan, Scott</u> | <u>970 876-1959</u> | <u>sghan@grizzlyenergyllc.com</u> |
| <u>Pearl, Chase</u> | <u>720 402-7542</u> | <u>cpearl@grizzlyenergyllc.com</u> |
| <u>Byers, Jim</u> | <u>970 -876 -9056</u> | <u>jbyers@blm.gov</u> |

COGCC INSPECTION SUMMARY:

FIR Document Number: 692402119
Inspection Date: 04/22/2020 FIR Submit Date: 05/01/2020 FIR Status: _____

Inspected Operator Information:

Company Name: GRIZZLY OPERATING LLC Company Number: 10531
Address: 5847 SAN FELIPE #3000
City: HOUSTON State: TX Zip: 77057

LOCATION - Location ID: 427776

Location Name: MDP #21 Pad Number: 13A-19-691 County: GARFIELD
Qtrqtr: NESW Sec: 19 Twp: 6s Range: 91w Meridian: 6
Latitude: 39.510653 Longitude: -107.600714

FACILITY - API Number: 05-045-00 Facility ID: 427760

Facility Name: GGU Federal Number: 23B-19-691
Qtrqtr: NESW Sec: 19 Twp: 6s Range: 91w Meridian: 6
Latitude: 39.510653 Longitude: -107.600714

CORRECTIVE ACTIONS:

1 CA# 138577

Corrective Action: Install or repair sufficient/effective BMPs in accordance with, and monitoring per Good Engineering Practices per Rule 1002.f

Date: 06/01/2020

Response: CA COMPLETED

Date of Completion: 05/11/2020

Operator Comment: Complete

COGCC Decision: Approved pending re-inspection

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: Aaron Axelson

Signed: _____

Title: Sr. Production Foreman

Date: 5/14/2020 9:41:48 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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|-----------|--------------------------|
| 402398089 | FIR RESOLUTION SUBMITTED |
|-----------|--------------------------|

Total Attach: 1 Files