

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:
402493903

Date Received:
09/21/2020

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: 65110
Name of Operator: O'BRIEN ENERGY RESOURCES CORP
Address: 18 CONGRESS ST STE 207
City: PORTSMOUTH State: NH Zip: 03801

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

Additional Operator Contact:

Contact Name	Phone	Email
<u>Joseph Forma</u>	<u>603-427-2099</u>	<u>joeforma@obenergy.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 696302308
Inspection Date: 08/24/2020 FIR Submit Date: 08/24/2020 FIR Status: _____

Inspected Operator Information:

Company Name: O'BRIEN ENERGY RESOURCES CORP Company Number: 65110
Address: 18 CONGRESS ST STE 207
City: PORTSMOUTH State: NH Zip: 03801

LOCATION - Location ID: 305855

Location Name: LOST CREEK-63N62W Number: 21NENW County: WELD
Qtrqr: NENW Sec: 21 Twp: 3N Range: 62W Meridian: 6
Latitude: 40.216580 Longitude: -104.330699

FACILITY - API Number: 05-123-00 Facility ID: 282970

Facility Name: LOST CREEK Number: 33
Qtrqr: NENW Sec: 21 Twp: 3N Range: 62W Meridian: 6
Latitude: 40.216580 Longitude: -104.330699

CORRECTIVE ACTIIONS:

1 CA# 141423

Corrective Action: Comply with Rule 603.f. Date: 09/25/2020

Response: CA COMPLETED Date of Completion: 09/01/2020

Operator Comment: Please be advised that all corrective actions have been completed in accordance with FIRR #402473722. Site is now ready for follow up inspection.

COGCC Decision: _____

COGCC
Representative:

2 CA# 141424

Corrective Action: Comply with Rule 603.f.

Date: 09/25/2020

Response: CA COMPLETED

Date of Completion: 09/01/2020

Operator Comment: Please be advised that all corrective actions have been completed in accordance with FIRR #402473722. Site is now ready for follow up inspection.

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: Joseph Forma

Signed:

Title: President

Date: 9/21/2020 11:12:30 AM

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