

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:
402500657

Date Received:
09/30/2020

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: 10351

Name of Operator: WAPITI OPERATING LLC

Address: 1310 W SAM HOUSTON PKWY N

City: HOUSTON State: TX Zip: 77043

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Berry, Matthew</u>	<u>575-445-6785/505-652-8275</u>	<u>mberry@wapitienergy.com</u>
<u>Madison, Randy</u>	<u>575-445-6706/575-420-1120</u>	<u>rmadison@wapitienergy.com</u>
<u>Middlebrook, Sonny</u>	<u>575-445-6724/575-445-8610</u>	<u>smiddlebrook@wapitienergy.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 695103347

Inspection Date: 09/24/2020

FIR Submit Date: 09/24/2020

FIR Status: _____

Inspected Operator Information:

Company Name: WAPITI OPERATING LLC

Company Number: 10351

Address: 1310 W SAM HOUSTON PKWY N

City: HOUSTON State: TX Zip: 77043

LOCATION - Location ID: 308307

Location Name: VPR C-635S65W Number: 18NENW County: LAS ANIMAS

Qtrqr: NENW Sec: 18 Twp: 35S Range: 65W Meridian: 6

Latitude: 37.002660 Longitude: -104.717050

FACILITY - API Number: 05-071-00 Facility ID: 265684

Facility Name: VPR C Number: 117

Qtrqr: NENW Sec: 18 Twp: 35S Range: 65W Meridian: 6

Latitude: 37.002660 Longitude: -104.717050

CORRECTIVE ACTIONS:

1 CA# 142332

Corrective Action: Non E&P Waste not properly stored, handled, transported, treated, or disposed per Rule 907A.

Date: 10/24/2020

Response: CA COMPLETED

Date of Completion: 09/25/2020

Operator Comment: Contaminated soil removed and replaced with new soil. The contaminated soil was properly disposed.

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: Randy Madison

Signed: _____

Title: HSE Specialist

Date: 9/30/2020 1:29:41 PM

ATTACHMENT LIST

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

Document Number **Description**

402500662	Photo
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Total Attach: 1 Files