

State of Colorado
Oil and Gas Conservation Commission

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Document Number:
402505466

Date Received:
10/07/2020

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: 10539
Name of Operator: UTAH GAS OP LTD DBA UTAH GAS CORP
Address: 1125 ESCALANTE DR
City: RANGELY State: CO Zip: 81648
Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Hale, Steve</u>	<u>970-290-2912</u>	<u>shale@utahgascorp.com</u>
<u>Utah Gas Corp</u>	<u>720-425-0303</u>	<u>inspections@utahgascorp.com</u>
<u>Fischer, Alex</u>		<u>alex.fischer@state.co.us</u>
<u>Bleil, Rob</u>	<u>720-425-0303</u>	<u>rbleil@utahgascorp.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 699700199
Inspection Date: 09/23/2020 FIR Submit Date: 10/06/2020 FIR Status: _____

Inspected Operator Information:

Company Name: UTAH GAS OP LTD DBA UTAH GAS CORP Company Number: 10539
Address: 1125 ESCALANTE DR
City: RANGELY State: CO Zip: 81648

LOCATION - Location ID: 322299

Location Name: SOUTH CANYON-FEDERAL-67S104W Number: 2NWNE County: _____
Qtrqtr: NWNE Sec: 2 Twp: 7S Range: 104W Meridian: 6
Latitude: 39.487723 Longitude: -108.953822

FACILITY - API Number: 05-045-00 Facility ID: 322299

Facility Name: SOUTH CANYON-FEDERAL-67S104W Number: 2NWNE
Qtrqtr: NWNE Sec: 2 Twp: 7S Range: 104W Meridian: 6
Latitude: 39.487723 Longitude: -108.953822

CORRECTIVE ACTIONS:

1 CA# 142583

Corrective Action: For unused, unmarked flow line risers:
24 hours to lock out tag out.
30 days to remove riser.

Date: 10/07/2020

Response: CA COMPLETED

Date of Completion: 10/07/2020

Operator
Comment:

Operator has returned the well to production using a temporary separator and blow down tank, so LO/TO is not necessary.

The unused flowline has been marked as such. This and other unused equipment and piping will be removed within 30 days.

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: Chantae Pennell

Signed:

Title: Regulatory Technician

Date: 10/7/2020 2:18:21 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>
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Total Attach: 0 Files