

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:
402530574

Date Received:
11/11/2020

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: 10524

Name of Operator: GRMR OIL & GAS LLC

Address: P.O. BOX 6280

City: BROOMFIELD State: CO Zip: 80021

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
Joesph Harrick	724-935-9815	jharrick@jklmenergy.com
John Leone	970-824-6827	John.Leone@grmroilandgas.com
Stephanie Tubridy	724-935-9812	stubridy@jklmenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 692402509

Inspection Date: 08/27/2020

FIR Submit Date: 09/15/2020

FIR Status: _____

Inspected Operator Information:

Company Name: GRMR OIL & GAS LLC

Company Number: 10524

Address: P.O. BOX 6280

City: BROOMFIELD State: CO Zip: 80021

LOCATION - Location ID: 425501

Location Name: Hart Gulch Number: 1-17 County: MOFFAT

Qtrqr: NWSE Sec: 17 Twp: 4N Range: 90W Meridian: 6

Latitude: 40.312331 Longitude: -107.525378

FACILITY - API Number: 05-081-00 Facility ID: 425502

Facility Name: Hart Gulch Number: 1-17

Qtrqr: NWSE Sec: 17 Twp: 4N Range: 90W Meridian: 6

Latitude: 40.312331 Longitude: -107.525378

CORRECTIVE ACTION:

1 CA# 141932

Corrective Action: Control Noxious Weeds. Comply with COGCC 1004 Reclamation Rules; conducting work needed to establish uniform vegetation across all disturbance areas to 80% of reference area requirement. Reclamation Activities to be complete by 11/16/20. Continue to monitor & manage the site until Location is Passed for Final Reclamation.

Date: 11/16/2020

Response: CA COMPLETED

Date of Completion: 09/21/2020

Weeds sprayed on 09/21/2020. Verified by our contractor and field supervisor.

Operator
Comment:

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 Harrick

Signed: _____

Title: General Manager, EHS

Date: 11/11/2020 12:09:25 PM

ATTACHMENT LIST

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

Document Number **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files