

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:

402473788

Date Received:

08/24/2020

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>Mattorano, Michael</u>	<u>575-445-6704/505-652-0416</u>	<u>mmattorano@wapitienergy.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 695103170

Inspection Date: 08/18/2020

FIR Submit Date: 08/18/2020

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: 309423

Location Name: VPR C-635S66W Number: 16SWSE County: LAS ANIMAS

Qtrqr: SWSE Sec: 16 Twp: 35S Range: 66W Meridian: 6

Latitude: 36.995200 Longitude: -104.783710

FACILITY - API Number: 05-071- -00 Facility ID: 294889

Facility Name: VPR C Number: 203

Qtrqr: SWSE Sec: 16 Twp: 35S Range: 66W Meridian: 6

Latitude: 36.995200 Longitude: -104.783710

CORRECTIVE ACTIONS:

1 ☒ CA# 141326

Corrective Action: PROVIDE AREA FIELD INSPECTOR (@ tombeardslee@state.co.us) A COPY OF THE GAS METER CALIBRATION RECORD OR KEEP A COPY OF LAST CALIBRATION RECORD ON LOCATION.

Date: 09/18/2020

Response: CA COMPLETED

Date of Completion: 08/24/2020

Please find attached a copy of the 2020 Gas Meter Calibration.

Operator
Comment:

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: Randy L. Madison

Signed: _____

Title: HSE Specialist

Date: 8/24/2020 1:33:39 PM

ATTACHMENT LIST

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

Document Number **Description**

402473788	FIR RESOLUTION SUBMITTED
402473791	Meter Calibration Report

Total Attach: 2 Files