

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:
402566634

Date Received:
01/05/2021

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: 10531

Name of Operator: GRIZZLY OPERATING LLC

Address: 5847 SAN FELIPE #3000

City: HOUSTON State: TX Zip: 77057

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>.Grizzly</u>		<u>aaxelson@grizzlyenergyllc.com</u>
<u>.Grizzly</u>		<u>sghan@grizzlyenergyllc.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 700702036

Inspection Date: 12/16/2020

FIR Submit Date: 12/16/2020

FIR Status: _____

Inspected Operator Information:

Company Name: GRIZZLY OPERATING LLC

Company Number: 10531

Address: 5847 SAN FELIPE #3000

City: HOUSTON State: TX Zip: 77057

LOCATION - Location ID: 335185

Location Name: JOLLEY 20-6-66S91W Number: 20SESE County: _____

Qtrqtr: SESE Sec: 20 Twp: 6S Range: 91W Meridian: 6

Latitude: 39.509753 Longitude: -107.571282

FACILITY - API Number: 05-045-00 Facility ID: 335185

Facility Name: JOLLEY 20-6-66S91W Number: 20SESE

Qtrqtr: SESE Sec: 20 Twp: 6S Range: 91W Meridian: 6

Latitude: 39.509753 Longitude: -107.571282

CORRECTIVE ACTIONS:

1 CA# 145183

Corrective Action: Maintain BMP's
Provide proof of tracking control BMP's

Date: 01/18/2021

Response: CA COMPLETED

Date of Completion: 01/05/2021

Operator Comment: The CA associated with the cut slope and referenced in the Field Inspection Report is not complete and cannot be completed by the assigned CA deadline due to seasonal weather conditions. The alleged slope stabilization issue on the northeast side of the location will be addressed when onsite and winter weather conditions allow.

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: Scott Ghan

Signed: _____

Title: Senior EHS Specialist

Date: 1/5/2021 2:23:15 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