

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:

402519637

Date Received:

10/27/2020

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: 83555

Name of Operator: SUNBURST INC

Address: P.O. BOX 140266

City: EDEGEWATER State: CO Zip: 80214

Contact Name and Telephone:

Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Additional Operator Contact:

Contact Name

Joe

Phone

Mazotti

Email

ogp-co@comcast.net

COGCC INSPECTION SUMMARY:

FIR Document Number: 693700618

Inspection Date: 10/16/2020

FIR Submit Date: 10/22/2020

FIR Status: \_\_\_\_\_

Inspected Operator Information:

Company Name: SUNBURST INC

Company Number: 83555

Address: P.O. BOX 140266

City: EDEGEWATER State: CO Zip: 80214

LOCATION - Location ID: 331730

Location Name: HENDERSON-67N57W Number: 10SESE County: \_\_\_\_\_

Qtrqr: SESE Sec: 10 Twp: 7N Range: 57W Meridian: 6

Latitude: 40.583277 Longitude: -103.736461

FACILITY - API Number: 05-123- -00 Facility ID: 331730

Facility Name: HENDERSON-67N57W Number: 10SESE

Qtrqr: SESE Sec: 10 Twp: 7N Range: 57W Meridian: 6

Latitude: 40.583277 Longitude: -103.736461

CORRECTIVE ACTIONS:

1 ☒ CA# 143887

Corrective Action: Remove oily waste and properly dispose (pursuant to Rule 907.e.) as originally required by Inspection #696302511. Submit photodocumentation and waste disposal manifests as attachments to FIRR. Corrective Action is overdue.

Date: 10/07/2020

Response: CA COMPLETED

Date of Completion: 10/25/2020

Operator: Per Jay Jackson  
Comment: Sunburst has removed all the stained oil from around the stock tank load valve and tightened the valve connection to prevent future leaks. The pumper confirmed everything should be in good order now.

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: Joe Mazotti

Signed: \_\_\_\_\_

Title: Agent

Date: 10/27/2020 1:28:04 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

402519637	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files