

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:  
402533208

Date Received:  
11/16/2020

**FIR RESOLUTION FORM**

Overall Status: CAC

CA Summary:

1 of 2 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>sghan@grizzlyenergyllc.com</u>
<u>.Grizzly</u>		<u>aaxelson@grizzlyenergyllc.com</u>

**COGCC INSPECTION SUMMARY:**

FIR Document Number: 700701844  
Inspection Date: 11/06/2020 FIR Submit Date: 11/06/2020 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: 416197

Location Name: Werner Number: 44C-23-692 County: \_\_\_\_\_  
Qtrqtr: SWSE Sec: 23 Twp: 6S Range: 92W Meridian: 6  
Latitude: 39.507683 Longitude: -107.630219

**FACILITY** - API Number: 05-045-00 Facility ID: 416197

Facility Name: Werner Number: 44C-23-692  
Qtrqtr: SWSE Sec: 23 Twp: 6S Range: 92W Meridian: 6  
Latitude: 39.507683 Longitude: -107.630219

**CORRECTIVE ACTIONS:**

1  CA# 144241

Corrective Action: remove unused equipment Date: 11/27/2020

Response: CA COMPLETED Date of Completion: 11/06/2020

Operator Comment: Chemical tank was moved for workover rig and moved back on the day of the inspection (11/6/2020). Lease operator told inspector the vendor was on his way to move the chemical tank the same day.

COGCC Decision: Approved pending re-inspection

COGCC  
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Chemical tank CA complete.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Aaron Axelson

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

Title: Superintendent

Date: 11/16/2020 11:17:11 AM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

402533208	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files