

State of Colorado
Oil and Gas Conservation Commission

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Document Number:
402568290

Date Received:
01/06/2021

FIR RESOLUTION FORM

Overall Status: FRQ

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

0 CA Completed
1 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: 700702143
Inspection Date: 01/05/2021 FIR Submit Date: 01/05/2021 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: 323891

Location Name: DALEY-66S91W Number: 29NWNW County: _____
Qtrqr: NWN Sec: 29 Twp: 6S Range: 91W Meridian: 6
W
Latitude: 39.503391 Longitude: -107.585171

FACILITY - API Number: 05-045- -00 Facility ID: 323891

Facility Name: DALEY-66S91W Number: 29NWNW
Qtrqr: NWN Sec: 29 Twp: 6S Range: 91W Meridian: 6
W
Latitude: 39.503391 Longitude: -107.585171

CORRECTIVE ACTIONS:

1 CA# 145680

Corrective Action: Braden heads have a port for manual gauge monitoring Date: 02/05/2021

Response: FACTUAL REVIEW REQUEST

Basis for Review: Action requested was already completed prior to the inspection

The CA states "Braden heads have a port for manual gauge monitoring". You can see in the picture of the inspection report that the bradenhead has a taylor plug that allows the inspector to take a pressure reading.

Operator
Comment:

COGCC Decision: Approved pending re-inspection

COGCC Representative: The C/A from this inspection was miss written in the storm water corrective action, the correct violation is to "Provide proof of tracking control BMP's"

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: Aaron Axelson

Signed: _____

Title: Superintendent

Date: 1/6/2021 3:53:16 PM

ATTACHMENT LIST

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

Document Number **Description**

402568290	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files