

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:

402682543

Date Received:

05/07/2021

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: 10679

Name of Operator: LOGOS OPERATING LLC

Address: 2010 AFTON PLACE

City: FARMINGTON State: NM Zip: 87415

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Trujillo, Etta

etrujillo@logosresourcesllc.com

Rowley, Darren

drowley@logosresourcesllc.com

Sessions, Tamra

tsessions@logosresourcesllc.com

Florez, Marie

mflorez@logosresourcesllc.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 693902778

Inspection Date: 01/29/2021

FIR Submit Date: 02/01/2021

FIR Status: _____

Inspected Operator Information:

Company Name: LOGOS OPERATING LLC

Company Number: 10679

Address: 2010 AFTON PLACE

City: FARMINGTON State: NM Zip: 87415

LOCATION - Location ID: 333520

Location Name: KOON GAS UNIT-N33N9W Number: 19NENE County: LA PLATA

Qtrqtr: NENE Sec: 19 Twp: 33N Range: 9W Meridian: N

Latitude: 37.095230 Longitude: -107.860250

FACILITY - API Number: 05-067- -00 Facility ID: 216498

Facility Name: BONDAD 33-9 Number: 8A

Qtrqtr: NENE Sec: 19 Twp: 33N Range: 9W Meridian: N

Latitude: 37.095230 Longitude: -107.860250

CORRECTIVE ACTIONS:

1 CA# 146196

Corrective Action: Remove unused equipment and materials.

Date: 03/15/2021

Response: CA COMPLETED

Date of Completion: 05/06/2021

Logos Operating worked with the landowner and relocated their unused equipment and materials to a different part of their property.

Operator _____
Comment: _____

COGCC Decision: _____

COGCC
Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Logos Operating worked with the landowner and relocated their unused equipment and materials to a different part of their property.

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

Print Name: Tamra Sessions

Signed: _____

Title: Regulatory Specialist

Date: 5/7/2021 8:27:20 AM

ATTACHMENT LIST

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

Document Number **Description**

402682548	After Picture
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Total Attach: 1 Files