

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:
402700976

Date Received:
05/26/2021

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 96155
Name of Operator: WHITING OIL & GAS CORPORATION
Address: 1700 LINCOLN STREET SUITE 4700
City: DENVER State: CO Zip: 80290
Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Thompson, Bud</u>		<u>BLThomps@BLM.gov</u>
<u>CO, Western</u>	<u>303-876-7091</u>	<u>whitingwesternco@whiting.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 701500500
Inspection Date: 04/26/2021 FIR Submit Date: 04/27/2021 FIR Status: _____

Inspected Operator Information:

Company Name: WHITING OIL & GAS CORPORATION Company Number: 96155
Address: 1700 LINCOLN STREET SUITE 4700
City: DENVER State: CO Zip: 80290

LOCATION - Location ID: 315010

Location Name: FEDERAL-61N101W Number: 6SWNW County: RIO BLANCO
Qtrqr: SWN Sec: 6 Twp: 1N Range: 101W Meridian: 6
W
Latitude: 40.085860 Longitude: -108.779850

FACILITY - API Number: 05-103- -00 Facility ID: 230089

Facility Name: FEDERAL Number: 1
Qtrqr: SWN Sec: 6 Twp: 1N Range: 101W Meridian: 6
W
Latitude: 40.085860 Longitude: -108.779850

CORRECTIVE ACTIONS:

1 CA# 150200

Corrective Action: Install proper guy line markers per Rule 1003.a

Date: 05/27/2021

Response: CA COMPLETED

Date of Completion: 05/11/2021

Operator Comment: Deadman marker installed as per Rule 1003.a. See the attached photograph.

COGCC Decision: _____

COGCC
Representative:

2 CA# 150201

Corrective Action: Install sign to comply with Rule 605.h.

Date: 06/27/2021

Response: CA COMPLETED

Date of Completion: 05/25/2021

Operator
Comment:

Install label to comply with Rule 605.h. See the attached photograph.

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: Bryce Maifeld

Signed: _____

Title: Regulatory Specialist

Date: 5/26/2021 9:37:58 AM

ATTACHMENT LIST

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

Document Number **Description**

402701008	Photographs
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Total Attach: 1 Files