

# State of Colorado Oil and Gas Conservation Commission

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Document Number:  
402715902

Date Received:  
06/11/2021

## 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: 65110  
Name of Operator: O'BRIEN ENERGY RESOURCES CORP  
Address: 18 CONGRESS ST STE 207  
City: PORTSMOUTH State: NH Zip: 03801

Contact Name and Telephone:  
Name: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_

Additional Operator Contact:

Contact Name	Phone	Email
<u>Forma, Joe</u>		<u>joeobenergy@aol.com</u>

### COGCC INSPECTION SUMMARY:

FIR Document Number: 696303233  
Inspection Date: 05/11/2021 FIR Submit Date: 05/11/2021 FIR Status: \_\_\_\_\_

Inspected Operator Information:

Company Name: O'BRIEN ENERGY RESOURCES CORP Company Number: 65110  
Address: 18 CONGRESS ST STE 207  
City: PORTSMOUTH State: NH Zip: 03801

### LOCATION - Location ID: 331298

Location Name: LOST CREEK O'BRIEN-63N62W Number: 20NWSE County: WELD  
Qtrqtr: NWSE Sec: 20 Twp: 3N Range: 62W Meridian: 6  
Latitude: 40.209280 Longitude: -104.345330

### FACILITY - API Number: 05-123-00 Facility ID: 260339

Facility Name: LOST CREEK O'BRIEN Number: 4-20  
Qtrqtr: NWSE Sec: 20 Twp: 3N Range: 62W Meridian: 6  
Latitude: 40.209280 Longitude: -104.345330

### CORRECTIVE ACTIONS:

**1** CA# 150848

Corrective Action: Comply with Rule 606 Date: 05/14/2021

Response: CA COMPLETED Date of Completion: 06/10/2021

Operator Comment: Please be advised that all corrective actions have been completed in accordance with FIRR #696303233. Site is now ready for follow up inspection.

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

2 CA# 150849

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

Date: 06/11/2021

Response: CA COMPLETED

Date of Completion: 06/10/2021

Operator Comment: Please be advised that all corrective actions have been completed in accordance with FIRR #696303233. Site is now ready for follow up inspection.

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: JOSEPH FORMA

Signed:

Title: PRESIDENT

Date: 6/11/2021 10:41:04 AM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

<b><u>Document Number</u></b>	<b><u>Description</u></b>

Total Attach: 0 Files