

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:

402730638

Date Received:

06/25/2021

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: 31250

Name of Operator: FRITZ & DIGMAN INC

Address: PO BOX 70024

City: ALBUQUERQUE State: NM Zip: 87197-0024

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Digman, Bernie

575-640-1867

berniekdigman@gmail.com

. Engineering

dnr_cogccengineering@state.co.us

Vanessa Fields

505-787-9100

vanessa@walsheng.net

Andrews, Vern

vern@walsheng.net

Fields, Vanessa

vanessa@walsheng.net

COGCC INSPECTION SUMMARY:

FIR Document Number: 700300135

Inspection Date: 05/05/2021

FIR Submit Date: 05/13/2021

FIR Status: _____

Inspected Operator Information:

Company Name: FRITZ & DIGMAN INC

Company Number: 31250

Address: PO BOX 70024

City: ALBUQUERQUE State: NM Zip: 87197-0024

LOCATION - Location ID: 325310

Location Name: DAKOTA FEE-N33N12W Number: 28SWSE County: LA PLATA

Qtrqr: SWSE Sec: 28 Twp: 33N Range: 12W Meridian: N

Latitude: 37.069947 Longitude: -108.153416

FACILITY - API Number: 05-067- -00 Facility ID: 214538

Facility Name: DAKOTA FEE Number: 1

Qtrqr: SWSE Sec: 28 Twp: 33N Range: 12W Meridian: N

Latitude: 37.069947 Longitude: -108.153416

CORRECTIVE ACTIONS:

1 CA# 150950

Corrective Action: remove non-servicable parts/parts not necessary for ongoing operations

Date: 06/01/2021

Response: CA COMPLETED

Date of Completion: 06/04/2021

Operator
Comment: ecq removed

COGCC Decision: _____

COGCC
Representative: _____

2 CA# 150951

Corrective Action: Submit new sundry notice for vent/flare/combust per Rule 903.d(3)

Date: 06/01/2021

Response: CA COMPLETED

Date of Completion: 06/25/2021

Operator
Comment: Sundry submitted to COGCC

COGCC Decision: _____

COGCC
Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: ALI requested items completed

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

Print Name: Vanessa Fields

Signed: _____

Title: Reg Manager

Date: 6/25/2021 3:55:13 PM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
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Total Attach: 0 Files