

State of Colorado
Oil and Gas Conservation Commission

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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
<u>Digman, Bernie</u>	<u>575-640-1867</u>	<u>berniekdigman@gmail.com</u>
<u>.Engineering</u>		<u>dnr_cogccengineering@state.co.us</u>
<u>Vanessa Fields</u>	<u>505-787-9100</u>	<u>vanessa@walsheng.net</u>
<u>Andrews, Vern</u>		<u>vern@walsheng.net</u>
<u>Fields, Vanessa</u>		<u>vanessa@walsheng.net</u>

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

Qtrqtr: 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

Qtrqtr: 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>

Total Attach: 0 Files