

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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Document Number:
402792660

Date Received:
08/26/2021

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: 56680
Name of Operator: MERRION OIL & GAS CORP
Address: 610 REILLY AVENUE
City: FARMINGTON State: NM Zip: 87401
Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Thompson, Philana</u>	<u>5054861171</u>	<u>pthompson@merrion.bz</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 693903559
Inspection Date: 08/17/2021 FIR Submit Date: 08/19/2021 FIR Status: _____

Inspected Operator Information:

Company Name: MERRION OIL & GAS CORP Company Number: 56680
Address: 610 REILLY AVENUE
City: FARMINGTON State: NM Zip: 87401

LOCATION - Location ID: 334057

Location Name: ANTARES-N33N7W Number: 23SENW County: LA PLATA
Qtrqr: SENW Sec: 23 Twp: 33N Range: 7W Meridian: N
Latitude: 37.092320 Longitude: -107.578290

FACILITY - API Number: 05-067- -00 Facility ID: 284872

Facility Name: ANTARES Number: 1
Qtrqr: SENW Sec: 23 Twp: 33N Range: 7W Meridian: N
Latitude: 37.092320 Longitude: -107.578290

CORRECTIVE ACTIONS:

1 CA# 154989

Corrective Action: -Repair/replace fence around facilities/separator by 8/25/2021. It appears two more panels are needed here, or taller fence to prevent livestock entry.

Date: 08/25/2021

-Control location by communicating with field staff to consistently close gates at entrance to facilities to prevent livestock entry.
-Inspect equipment to ensure that trapped calf did not affect facility functions.

Response: CA COMPLETED

Date of Completion: 08/25/2021

panels were replaced to prevent livestock entry. Spoke with the field crew regarding keeping the fences/gates closed and checking for livestock.

Operator
Comment: _____

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: Philana Thompson Signed: _____

Title: HSE & Regulatory Complian Date: 8/26/2021 9:38:57 AM

ATTACHMENT LIST

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

Document Number **Description**

402792663	Photograph of panels
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Total Attach: 1 Files