

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:
402793948

Date Received:
08/26/2021

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 5 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 8960
Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY LLC
Address: 410 17TH STREET SUITE #1400
City: DENVER State: CO Zip: 80202

Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Mike Storey</u>	<u>970-939-6353</u>	<u>mstorey@bonanzacrk.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 699104278
Inspection Date: 08/17/2021 FIR Submit Date: 08/18/2021 FIR Status: _____

Inspected Operator Information:

Company Name: BONANZA CREEK ENERGY OPERATING COMPANY LLC Company Number: 8960
Address: 410 17TH STREET SUITE #1400
City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 431774

Location Name: Wetco Farms Number: A-4 Pad County: _____
Qtrqtr: NWN Sec: 4 Twp: 4N Range: 63W Meridian: 6
W
Latitude: 40.347739 Longitude: -104.451608

FACILITY - API Number: 05-123- -00 Facility ID: 431774

Facility Name: Wetco Farms Number: A-4 Pad
Qtrqtr: NWN Sec: 4 Twp: 4N Range: 63W Meridian: 6
W
Latitude: 40.347739 Longitude: -104.451608

CORRECTIVE ACTIONS:

2 CA# 154951

Corrective Action: Upon removing a flowline or crude oil transfer line from use with the intent to abandon, an operator must immediately apply OOSLAT to the risers. OOSLAT must stay in place at all times during the process of abandoning the flowline or crude oil transfer line until the operator removes the riser. Comply with Rule 1105.b

Date: 08/27/2021

Response: CA COMPLETED Date of Completion: 08/25/2021

Operator Comment: Risers marked with OOSLAT per Rule 1105.b

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: Aubrey Noonan

Signed: _____

Title: Regulatory Analyst

Date: 8/26/2021 3:38:53 PM

ATTACHMENT LIST

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

Document Number **Description**

402793961	Compliance Photos
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Total Attach: 1 Files