

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:
402826376

Date Received:
09/29/2021

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 3 CAs from the FIR responded to on this Form

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10110
Name of Operator: GREAT WESTERN OPERATING COMPANY LLC
Address: 1001 17TH STREET #2000
City: DENVER State: CO Zip: 80202

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

Additional Operator Contact:

Contact Name	Phone	Email
<u>Jason Davidson</u>	<u>720-595-2132</u>	<u>Jdavidson@gwp.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 697503163
Inspection Date: 08/17/2021 FIR Submit Date: 08/25/2021 FIR Status: _____

Inspected Operator Information:

Company Name: GREAT WESTERN OPERATING COMPANY LLC Company Number: 10110
Address: 1001 17TH STREET #2000
City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 434399

Location Name: Willow Bend LD Pad Number: 18-36HN-2 County: _____
Qtrqr: NENE Sec: 18 Twp: 1S Range: 67W Meridian: 6
Latitude: 39.970961 Longitude: -104.924417

FACILITY - API Number: 05-001-00 Facility ID: 434399

Facility Name: Willow Bend LD Pad Number: 18-36HN-2
Qtrqr: NENE Sec: 18 Twp: 1S Range: 67W Meridian: 6
Latitude: 39.970961 Longitude: -104.924417

CORRECTIVE ACTIONS:

1 CA# 155195

Corrective Action: Comply with Rule 1003.e.(1). Since noxious weeds have already set seed, the corrective action is the date it was observed out of compliance. Date: 08/17/2021

Response: CA COMPLETED Date of Completion: 09/29/2021

Operator Comment: Please see attached Weed Management Plan

COGCC Decision: _____

COGCC
Representative:

3 CA# 155197

Corrective Action: COGCC Staff has observed other Adams County noxious weed management violations; therefore, per Rule 1003.f. Operator shall provide their Weed Management Plan.

Date: 09/01/2021

Response: CA COMPLETED

Date of Completion: 09/29/2021

Operator
Comment: Please see attached Weed Management Plan

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: Jason Davidson

Signed: _____

Title: Senior EHS Specialist

Date: 9/29/2021 10:13:11 AM

ATTACHMENT LIST

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

Document Number **Description**

402826383	Weed Management Plan
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Total Attach: 1 Files