

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:

402919297

Date Received:

01/06/2022

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: 10351

Name of Operator: WAPITI OPERATING LLC

Address: 1310 W SAM HOUSTON PKWY N

City: HOUSTON State: TX Zip: 77043

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Mattorano, Michael</u>	<u>1-575-445-6704</u>	<u>mmattorano@wapitienergy.com</u>
<u>Madison, Randy</u>	<u>1-575-445-6706</u>	<u>rmadison@wapitienergy.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 690202418

Inspection Date: 12/27/2021

FIR Submit Date: 12/28/2021

FIR Status: _____

Inspected Operator Information:

Company Name: WAPITI OPERATING LLC

Company Number: 10351

Address: 1310 W SAM HOUSTON PKWY N

City: HOUSTON State: TX Zip: 77043

LOCATION - Location ID: 307698

Location Name: VPR C-635S66W Number: 5SWSE County: LAS ANIMAS

Qtrqtr: SWSE Sec: 5 Twp: 35S Range: 66W Meridian: 6

Latitude: 37.021230 Longitude: -104.799690

FACILITY - API Number: 05-071- -00 Facility ID: 89236

Facility Name: VPR C Number: 6

Qtrqtr: SWSE Sec: 5 Twp: 35S Range: 66W Meridian: 6

Latitude: 37.021230 Longitude: -104.799690

CORRECTIVE ACTIONS:

1 CA# 158912

Corrective Action: Control and contain spills/releases and clean up per Rule 912.a. Securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 608.e.

Date: 12/30/2021

Response: CA COMPLETED

Date of Completion: 12/29/2021

Operator Comment: Maintenance was done on the packing to stop the spill. See attached photo.

COGCC Decision: Approved pending re-inspection

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: Randy L. Madison

Signed: _____

Title: HSE & Reg. Specialist

Date: 1/6/2022 1:22:31 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>
402919297	FIR RESOLUTION SUBMITTED
402919307	Photo of Repair

Total Attach: 2 Files