

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:
402919407

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

COGCC INSPECTION SUMMARY:

FIR Document Number: 690202416
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: 309421

Location Name: VPR C-635S66W Number: 9SWNW County: LAS ANIMAS
Qtrqr: SWN Sec: 9 Twp: 35S Range: 66W Meridian: 6
W
Latitude: 37.014090 Longitude: -104.792140

FACILITY - API Number: 05-071-00 Facility ID: 294883

Facility Name: VPR C Number: 200
Qtrqr: SWN Sec: 9 Twp: 35S Range: 66W Meridian: 6
W
Latitude: 37.014090 Longitude: -104.792140

CORRECTIVE ACTIONS:

1 CA# 158911

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

Maintenance was preformed on the well head and the leak was fixed. See Photo

Operator
Comment:

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, Sr.

Date: 1/6/2022 2:21:39 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>
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402919407	FIR RESOLUTION SUBMITTED
402919442	Photo

Total Attach: 2 Files