

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:
403014299

Date Received:
04/13/2022

FIR RESOLUTION FORM

Overall Status:

CA Summary:

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

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10773
Name of Operator: FUNDARE RESOURCES OPERATING COMPANY LLC
Address: 90 MOONRISE COURT
City: ERIE State: CO Zip: 80516

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

Additional Operator Contact:

Contact Name	Phone	Email
Kraich, Adam		adam.kraich@state.co.us
Burn, Diana		diana.burn@state.co.us
Smith, Sydney		ssmith@fundareresources.com
Deranleau, Greg		greg.deranleau@state.co.us

COGCC INSPECTION SUMMARY:

FIR Document Number: 696304109
Inspection Date: 04/11/2022 FIR Submit Date: 04/12/2022 FIR Status:

Inspected Operator Information:

Company Name: WHITING OIL & GAS CORPORATION Company Number: 96155
Address: 1700 LINCOLN STREET SUITE 4700
City: DENVER State: CO Zip: 80290

LOCATION - Location ID: 422116

Location Name: Twomile Creek Number: 22-13H County: WELD
Qtrqr: NWS Sec: 22 Twp: 11N Range: 57W Meridian: 6
W
Latitude: 40.910330 Longitude: -103.743040

FACILITY - API Number: 05-123-00 Facility ID: 422115

Facility Name: Twomile Creek Number: 22-13H
Qtrqr: NWS Sec: 22 Twp: 11N Range: 57W Meridian: 6
W
Latitude: 40.910330 Longitude: -103.743040

CORRECTIVE ACTIONS:

2 CA# 160961

Corrective Action: Cease Flaring Operations immediately. Per Form 4 4022840165 Comply with rule 903.d

Date: 04/13/2022

Response: CA COMPLETED

Date of Completion: 04/12/2022

Operator Comment: The subject well was shut in on 4.12.2022 upon receipt of the FIR (Doc# 696304109). The well will be routed to an enclosed combustion device with a 98% design efficiency per rule 903.e and the COA's in the approved Form 4 (DOC #402527862) and an updated variance request will be submitted per the approved Form 4 (DOC #402840165) prior to bringing the well back online.

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: Sydney Smith

Signed: _____

Title: Manager EHSR

Date: 4/13/2022 8:13:46 PM

ATTACHMENT LIST

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

Document Number **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files