

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:
403045682

Date Received:
05/11/2022

FIR RESOLUTION FORM

Overall Status:

CA Summary:

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

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10651
Name of Operator: VERDAD RESOURCES LLC
Address: 1125 17TH STREET SUITE 550
City: DENVER State: CO Zip: 80202
Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Michael Cugnetti</u>	<u>720-845-6901</u>	<u>mcugnetti@verdadresources.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 696304141
Inspection Date: 04/28/2022 FIR Submit Date: 04/28/2022 FIR Status: _____

Inspected Operator Information:

Company Name: VERDAD RESOURCES LLC Company Number: 10651
Address: 1125 17TH STREET SUITE 550
City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 471794

Location Name: Fiscus Fed Number: 2627 County: _____
Qtrqr: SWN Sec: 26 Twp: 9N Range: 58W Meridian: 6
W
Latitude: 40.724553 Longitude: -103.838864

FACILITY - API Number: 05-123-00 Facility ID: 471794

Facility Name: Fiscus Fed Number: 2627
Qtrqr: SWN Sec: 26 Twp: 9N Range: 58W Meridian: 6
W
Latitude: 40.724553 Longitude: -103.838864

CORRECTIVE ACTIONS:

4 CA# 161420

Corrective Action: Comply with Rule 606 Date: 05/06/2022

Response: CA COMPLETED Date of Completion: 05/06/2022

Operator Comment: Riser made OOSLAT. See attachment for corrective action photo documentation.

COGCC Decision: _____

COGCC
Representative:

5 CA# 161421

Corrective Action: Properly remove or repair/maintain Silt Fence per 1002.f Rule

Date: _____

Response: CA COMPLETED

Date of Completion: 05/06/2022

Operator
Comment:

Silt fence removed. See attachment for photo documentation of corrective action.

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: Michael Cugnetti

Signed: _____

Title: Director of EHS&R

Date: 5/11/2022 2:45:50 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>
403045704	Corrective Action Photo Documentation
403045707	Corrective Action Photo Documentation

Total Attach: 2 Files