

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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Document Number:
403073345

Date Received:
06/09/2022

FIR RESOLUTION FORM

Overall Status:

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: 65110
Name of Operator: O'BRIEN ENERGY RESOURCES CORP
Address: 18 CONGRESS ST STE 207
City: PORTSMOUTH State: NH Zip: 03801
Contact Name and Telephone:
Name:
Phone: () Fax: ()
Email:

Additional Operator Contact:

Contact Name	Phone	Email
Forma, Joe		joeobenergy@aol.com
-		dnr_cogccengineering@state.co.us

COGCC INSPECTION SUMMARY:

FIR Document Number: 696304189
Inspection Date: 05/12/2022 FIR Submit Date: 05/12/2022 FIR Status:

Inspected Operator Information:

Company Name: O'BRIEN ENERGY RESOURCES CORP Company Number: 65110
Address: 18 CONGRESS ST STE 207
City: PORTSMOUTH State: NH Zip: 03801

LOCATION - Location ID: 332047

Location Name: LOST CREEK-63N62W Number: 21SWNW County: WELD
Qtrqr: SWN Sec: 21 Twp: 3N Range: 62W Meridian: 6
W
Latitude: 40.213010 Longitude: -104.335630

FACILITY - API Number: 05-123-00 Facility ID: 269876

Facility Name: LOST CREEK Number: 14
Qtrqr: SWN Sec: 21 Twp: 3N Range: 62W Meridian: 6
W
Latitude: 40.213010 Longitude: -104.335630

CORRECTIVE ACTIONS:

1 CA# 162067

Corrective Action: Perform successful mechanical integrity test. If a successful MIT can not be performed within 30 day CA time the well must be plugged within 3 months per Rule 417 and 210. Date: 06/13/2022

Response: CA COMPLETED Date of Completion: 05/23/2022

Please be advised that all corrective actions have been completed in accordance with FIR # 696304189. Site is now ready for follow up inspection.

Operator _____
Comment: _____

COGCC Decision: _____

COGCC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Please be advised that all corrective actions have been completed in accordance with FIR # 696304189. Site is now ready for follow up inspection.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: JOSEPH FORMA

Signed: _____

Title: PRESIDENT

Date: 6/9/2022 8:58:31 AM

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