

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:  
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  
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  
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.

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

--	--

Total Attach: 0 Files