

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:
403076191

Date Received:
06/12/2022

FIR RESOLUTION FORM

Overall Status:

CA Summary:

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

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 59925
Name of Operator: MONUMENT GAS MARKETING INC
Address: P O BOX 950
City: MONUMENT State: CO Zip: 80132-0950
Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

| Contact Name | Phone | Email |
|------------------------|-----------------------|----------------------------------|
| <u>Campbell, Randy</u> | <u>(719) 660-0069</u> | <u>rcampbell0614@comcast.net</u> |
| <u>Burn, Diana</u> | | <u>diana.burn@state.co.us</u> |

COGCC INSPECTION SUMMARY:

FIR Document Number: 693600597
Inspection Date: 05/11/2022 FIR Submit Date: 05/23/2022 FIR Status: _____

Inspected Operator Information:

Company Name: MONUMENT GAS MARKETING INC Company Number: 59925
Address: P O BOX 950
City: MONUMENT State: CO Zip: 80132-0950

LOCATION - Location ID: 321959

Location Name: GLADYS COTRELL TRUST- 616S46W Number: 2NESW County: CHEYENNE
Qtrqr: NESW Sec: 2 Twp: 16S Range: 46W Meridian: 6
Latitude: 38.691990 Longitude: -102.540540

FACILITY - API Number: 05-017- -00 Facility ID: 285920

Facility Name: GLADYS COTRELL TRUST Number: 2
Qtrqr: NESW Sec: 2 Twp: 16S Range: 46W Meridian: 6
Latitude: 38.691990 Longitude: -102.540540

CORRECTIVE ACTIONS:

1 CA# 162155

Corrective Action: Repair or install berms or other secondary containment devices per Rule 605.a.(4). Date: 06/23/2022

Response: CA COMPLETED Date of Completion: 06/08/2022

Operator Comment: Revised Form 7 has also been submitted for this well.

COGCC Decision: _____

COGCC
Representative:

2 CA# 162333

Corrective Action: Contact engineering for directives, Submit reports as per Rule 206.

Date: 06/02/2022

Response: CA COMPLETED

Date of Completion: 06/08/2022

Operator
Comment:

Completed.

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective actions completed.

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

Print Name: Randy Campbell

Signed: _____

Title: President

Date: 6/12/2022 9:25:50 PM

ATTACHMENT LIST

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

Document Number **Description**

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Total Attach: 0 Files