

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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Document Number:
403079095

Date Received:
06/14/2022

FIR RESOLUTION FORM

Overall Status:

CA Summary:

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

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 41440

Name of Operator: HUBBS III, LLC

Address: 367 COUNTY ROAD 129

City: HESPERUS State: CO Zip: 81326

Contact Name and Telephone:

Name:

Phone: () Fax: ()

Email:

Additional Operator Contact:

Contact Name

Phone

Email

Burger, Craig

craig.burger@state.co.us

Hubbs, Barbara

970-588-3309

barbarahubbs@gmail.com

Fischer, Alex

alex.fischer@state.co.us

COGCC INSPECTION SUMMARY:

FIR Document Number: 700300410

Inspection Date: 05/23/2022

FIR Submit Date: 05/27/2022

FIR Status:

Inspected Operator Information:

Company Name: HUBBS III, LLC

Company Number: 41440

Address: 367 COUNTY ROAD 129

City: HESPERUS State: CO Zip: 81326

LOCATION - Location ID: 325918

Location Name: TED & HAZEL-N33N12W Number: 11SWNE County: LA PLATA

Qtrqr: SWNE Sec: 11 Twp: 33N Range: 12W Meridian: N

Latitude: 37.120500 Longitude: -108.116860

FACILITY - API Number: 05-067-00 Facility ID: 215566

Facility Name: TED & HAZEL Number: 11-1

Qtrqr: SWNE Sec: 11 Twp: 33N Range: 12W Meridian: N

Latitude: 37.120500 Longitude: -108.116860

CORRECTIVE ACTIONS:

1 CA# 162321

Corrective Action: Maintain/raise berms and confirm adequate capacity per 605.a(4) - note tank rules and containment capacity requirements pre 1/15/2021 apply for this situation with tank pre 1/15/2021 that has not had major modifications.

Date: 06/27/2022

Response: CA COMPLETED

Date of Completion: 06/11/2022

Pulled dirt from the west side, lower inside and added to the berms.

Operator _____
Comment: _____

COGCC Decision: _____

COGCC
Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Completed the 5 concerns. Finished with the Berms I have pictures of the 5 corrections, but could not attach.

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

Print Name: Barbara Hubbs

Signed: _____

Title: owner/manager

Date: 6/14/2022 3:02:18 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