

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:
403146658

Date Received:
08/25/2022

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: 10758

Name of Operator: OGRIS OPERATING LLC

Address: PO BOX 53467

City: MIDLAND State: TX Zip: 79710

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
ATWATER, BONNIE	432-755-0212	batwater@ogrisop.com
WARD, GIENA	719-220-4041	gward@ogrisop.com
BACA DAVID	719-859-4066	dbaca@ogrisop.com
O'SHIELDS, CHARLIE	940-682-5030	coshields@ogrisop.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 690203329

Inspection Date: 08/19/2022

FIR Submit Date: 08/19/2022

FIR Status: _____

Inspected Operator Information:

Company Name: OGRIS OPERATING LLC

Company Number: 10758

Address: PO BOX 53467

City: MIDLAND State: TX Zip: 79710

LOCATION - Location ID: 309420

Location Name: GOLDEN EAGLE-633S67W Number: 33SWNE County: LAS ANIMAS

Qtrqtr: SWNE Sec: 33 Twp: 33S Range: 67W Meridian: 6

Latitude: 37.131179 Longitude: -104.889974

FACILITY - API Number: 05-071-00 Facility ID: 294860

Facility Name: GOLDEN EAGLE Number: 33-07

Qtrqtr: SWNE Sec: 33 Twp: 33S Range: 67W Meridian: 6

Latitude: 37.131179 Longitude: -104.889974

CORRECTIVE ACTIONS:

1 CA# 163992

Corrective Action: Control and contain spills/releases and clean up per Rule 912.a.
Securely fasten all valves, pipes, fittings, and Production Facilities to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 608.e.

Date: 08/22/2022

Response: CA COMPLETED

Date of Completion: 08/21/2022

Operator Comment: MAINTENANCE HAS BEEN PERFORMED ON THE WELL AND THE PACKING HAS BEEN REPLACED. THE SELF INSPECTION PROCESS HAS BEEN REVIEWED.

COGCC Decision: _____

COGCC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: THE CORRECTIVE ACTION HAS BEEN COMPLETED.

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

Print Name: GIENA WARD

Signed: _____

Title: SR. ENVIRONMENTAL

Date: 8/25/2022 9:08:01 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>
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Total Attach: 0 Files