

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:  
403147590

Date Received:  
08/25/2022

FIR RESOLUTION FORM

Overall Status: CAC

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: 10351

Name of Operator: WAPITI OPERATING LLC

Address: 1310 W SAM HOUSTON PKWY N

City: HOUSTON State: TX Zip: 77043

Contact Name and Telephone:

Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Additional Operator Contact:

Contact Name	Phone	Email
<u>Madison, Randy</u>		<u>rmadison@wapitienergy.com</u>
<u>Mattorano, Michael</u>		<u>mmattorano@wapitienergy.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 690203245

Inspection Date: 08/01/2022

FIR Submit Date: 08/03/2022

FIR Status: \_\_\_\_\_

Inspected Operator Information:

Company Name: WAPITI OPERATING LLC

Company Number: 10351

Address: 1310 W SAM HOUSTON PKWY N

City: HOUSTON State: TX Zip: 77043

LOCATION - Location ID: 309039

Location Name: VPR C-635S67W Number: 14NESE County: LAS ANIMAS

Qtrqtr: NESE Sec: 14 Twp: 35S Range: 67W Meridian: 6

Latitude: 36.995510 Longitude: -104.852010

FACILITY - API Number: 05-071-00 Facility ID: 287225

Facility Name: VPR C Number: 123

Qtrqtr: NESE Sec: 14 Twp: 35S Range: 67W Meridian: 6

Latitude: 36.995510 Longitude: -104.852010

CORRECTIVE ACTIONS:

1  CA# 163694

Corrective Action: Comply with Rule 1003.f. Date: \_\_\_\_\_

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

Operator Comment: The 2 weeds along the lease road were pulled and disposed of properly.

COGCC Decision: **Not Approved**

COGCC Representative: Inspector observed at least 100 noxious weeds along the access road and at the location. If only 2 weeds were pulled and disposed of, then the corrective action was not completed. Ongoing weed control is required.

**OPERATOR COMMENT AND SUBMITTAL**

Comment: CA 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 L. Madison

Signed: \_\_\_\_\_

Title: HSE & Reg. Specialist, Sr

Date: 8/25/2022 2:49:48 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

403147590	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files