



COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

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**OPERATOR COMMENT AND SUBMITTAL**

Comment:

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

Print Name: Ashley Noonan

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

Title: Sr Regulatory Analyst

Date: 1/27/2023 10:57:06 AM

**ATTACHMENT LIST**

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403304280	Inspection Photo
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