

COGCC Decision: _____

COGCC
Representative:

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OPERATOR COMMENT AND SUBMITTAL

Comment: CA follow-up has been completed for this location.

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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: 7/9/2023 4:44:02 PM

ATTACHMENT LIST

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Document Number **Description**

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|-----------|-------------------|
| 403457426 | INSPECTION PHOTOS |
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Total Attach: 1 Files