

State of Colorado  
Energy & Carbon Management Commission



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Document Number:  
402752306

Date Received:  
08/07/2023

## 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: 97730  
Name of Operator: WYMAN\* LOUIS M DBA WYMAN INC  
Address: P O BOX 278  
City: CRAIG State: CO Zip: 81626  
Contact Name and Telephone:  
Name: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_

#### Additional Operator Contact:

Contact Name	Phone	Email
<u>wyman, David</u>	<u>970-701-9388</u>	<u>brokenbox6431@yahoo.com</u>

### COGCC INSPECTION SUMMARY:

FIR Document Number: 689805971  
Inspection Date: 06/29/2021 FIR Submit Date: 07/09/2021 FIR Status: \_\_\_\_\_

#### Inspected Operator Information:

Company Name: WYMAN\* LOUIS M DBA WYMAN INC Company Number: 97730  
Address: P O BOX 278  
City: CRAIG State: CO Zip: 81626

#### LOCATION - Location ID: 316737

Location Name: WATSON SECURITIES CO.- Number: 30SWNE County: ROUTT  
64N89W  
Qtrqr: SWNE Sec: 30 Twp: 4N Range: 89W Meridian: 6  
Latitude: 40.287850 Longitude: -107.428330

#### FACILITY - API Number: 05-107- -00 Facility ID: 232462

Facility Name: WATSON SECURITIES Number: 1  
Qtrqr: SWNE Sec: 30 Twp: 4N Range: 89W Meridian: 6  
Latitude: 40.287850 Longitude: -107.428330

### CORRECTIVE ACTIONS:

1 CA# 152591

Corrective Action: Install appropriate fittings to allow bradenhead visual inspection as per Rule 419.a.(1), (2) Date: 07/19/2021

Response: CA COMPLETED Date of Completion: 08/05/2022

Operator Comment: I have contacted Emily and Craig Berger and have decided to schedule a Hot Tap of the Surface casing. Waiting for a call back to schedule the work. One contractor said he would be available to do the work at the beginning of next week (7/26-7/30). Valves and Fittings installed 8/5/2022.

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

COGCC  
Representative:

**OPERATOR COMMENT AND SUBMITTAL**

Comment:

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

Print Name: David L Wyman

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

Title: Manager

Date: 8/7/2023 11:18:26 AM

**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