

State of Colorado
Energy & Carbon Management Commission



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Document Number:
403494425

Date Received:
08/11/2023

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

0 CA Completed
2 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 7125

Name of Operator: BEEMAN OIL & GAS INC

Address: 13635 E 104TH AVENUE STE 400

City: COMMERCE CITY State: CO Zip: 80022

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Labowskie, Steve

steve.labowskie@state.co.us

Stepp, Sarah

wccassistant@gmail.com

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.Engineering

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COGCC INSPECTION SUMMARY:

FIR Document Number: 712700507

Inspection Date: 08/10/2023

FIR Submit Date: 08/11/2023

FIR Status: _____

Inspected Operator Information:

Company Name: BEEMAN OIL & GAS INC

Company Number: 7125

Address: 13635 E 104TH AVENUE STE 400

City: COMMERCE CITY State: CO Zip: 80022

LOCATION - Location ID: 306991

Location Name: GLADYS-N33N12W Number: 14SENE County: LA PLATA

Qtrqtr: SENE Sec: 14 Twp: 33N Range: 12W Meridian: N

Latitude: 37.105984 Longitude: -108.112608

FACILITY - API Number: 05-067-00 Facility ID: 290406

Facility Name: GLADYS Number: 2

Qtrqtr: SENE Sec: 14 Twp: 33N Range: 12W Meridian: N

Latitude: 37.105984 Longitude: -108.112608

CORRECTIVE ACTIONS:

1 CA# 178171

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

Date: _____

Response: FACTUAL REVIEW REQUEST

Basis for Review: Action requested was already completed prior to the inspection

Operator Comment: This well does not have a bradenhead,

COGCC Decision:

COGCC Representative:

2 CA# 178172

Corrective Action: Conduct monthly monitoring and annual testing per Rule 419.

Date:

Response: FACTUAL REVIEW REQUEST

Basis for Review: Action requested was already completed prior to the inspection

Operator Comment: This well does not have a bradenhead to monitor

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: Lisa Lawton

Signed:

Title: Agent

Date: 8/11/2023 12:51:38 PM

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