

State of Colorado
Energy & Carbon Management Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:
403495447

Date Received:
08/14/2023

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 3 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10690
Name of Operator: IMPETRO RESOURCES LLC
Address: 558 CASTLE PINES PKWY UNIT B-4
City: CASTLE PINES State: CO Zip: 80108

Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Heibel, Krystal</u>		<u>ellen54ward@gmail.com</u>
<u>Bongers, Brent</u>	<u>361-935-5633</u>	<u>krystal.heibel@state.co.us</u> <u>bbongers@impetroresources.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 708200451
Inspection Date: 08/03/2023 FIR Submit Date: 08/11/2023 FIR Status: _____

Inspected Operator Information:

Company Name: WARD & SON* ALFRED Company Number: 94300
Address: P O BOX 737
City: OGALLALLA State: NE Zip: 69153

LOCATION - Location ID: 312310

Location Name: STATE-611N53W Number: 23NWNW County: _____
Qtrqr: NWN Sec: 23 Twp: 11N Range: 53W Meridian: 6
W
Latitude: 40.918244 Longitude: -103.263648

FACILITY - API Number: 05-075-00 Facility ID: 312310

Facility Name: STATE-611N53W Number: 23NWNW
Qtrqr: NWN Sec: 23 Twp: 11N Range: 53W Meridian: 6
W
Latitude: 40.918244 Longitude: -103.263648

CORRECTIVE ACTIONS:

1 CA# 178217

Corrective Action: Gas leak at stuffing box: 24 hrs (08/12/2023) to fix leak or isolate leak.

Date: 08/26/2023

Securely fasten all valves, pipes, fittings, and Production Facilities to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 608.e; (08/26/2023)

Response: CA COMPLETED

Date of Completion: 08/12/2023

Operator Comment: Operator repaired, greased and tightened the stuffing box. Gas leak was verified to be fixed by spraying soapy water, and through visual/audible check.

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: Jessica Donahue

Signed: _____

Title: Compliance Specialist

Date: 8/14/2023 10:18:36 AM

ATTACHMENT LIST

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

Document Number **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files