

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:

403486045

Date Received:

08/03/2023

## FIR RESOLUTION FORM

Overall Status: CAC

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: 10351

Name of Operator: WAPITI OPERATING LLC

Address: 1251 LUMPKIN RD

City: HOUSTON State: TX Zip: 77043

Contact Name and Telephone:

Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Additional Operator Contact:

Contact Name

Phone

Email

Mattorano, Michael

mmattorano@wapitienergy.com

Madison, Randy

rmadison@wapitienergy.com

### COGCC INSPECTION SUMMARY:

FIR Document Number: 713600018

Inspection Date: 07/31/2023

FIR Submit Date: 08/01/2023

FIR Status: \_\_\_\_\_

### Inspected Operator Information:

Company Name: WAPITI OPERATING LLC

Company Number: 10351

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### LOCATION - Location ID: 309041

Location Name: VPR C-635S67W Number: 11NESW County: LAS ANIMAS

Qtrqtr: NESW Sec: 11 Twp: 35S Range: 67W Meridian: 6

Latitude: 37.008720 Longitude: -104.861470

### FACILITY - API Number: 05-071- -00 Facility ID: 287227

Facility Name: VPR C Number: 130

Qtrqtr: NESW Sec: 11 Twp: 35S Range: 67W Meridian: 6

Latitude: 37.008720 Longitude: -104.861470

### CORRECTIVE ACTIONS:

1 ☒ CA# 176921

Corrective Action: Conduct maintenance on equipment, cleanup stained material and review self inspection processes. Install or repair required BMPs per Rule 1002.f.(2)C

Date: 07/31/2023

Response: CA COMPLETED

Date of Completion: 08/02/2023

Operator Comment: Oil Stain was cleaned up and disposed of properly. The transformer will be replaced in the immediate future to prevent further staining.

COGCC Decision: Approved pending re-inspection

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: Randy L. Madison

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

Title: HSE & Reg. Specialist, Sr

Date: 8/3/2023 2:01:29 PM

**ATTACHMENT LIST**

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

| <b><u>Document Number</u></b> | <b><u>Description</u></b> |
|-------------------------------|---------------------------|
| 403486045                     | FIR RESOLUTION SUBMITTED  |
| 403486056                     | Photo #1                  |
| 403486058                     | Photo #2                  |

Total Attach: 3 Files