

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
<u>Mattorano, Michael</u>		<u>mmattorano@wapitienergy.com</u>
<u>Madison, Randy</u>		<u>rmadison@wapitienergy.com</u>

#### 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.

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

Total Attach: 3 Files