

State of Colorado Energy & Carbon Management Commission



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Document Number:
403576132

Date Received:
10/30/2023

FIR RESOLUTION FORM

Overall Status:

CA Summary:
2 of 2 CAs from the FIR responded to on this Form
2 CA Completed
0 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
<u>Galloway, Kelly</u>		<u>kgallowaywerc@gmail.com</u>
<u>Lindley, Trent</u>		<u>trent.lindley@state.co.us</u>
<u>Labowskie, Steve</u>		<u>steve.labowskie@state.co.us</u>
<u>. Engineering</u>		<u>dnr_cogccengineering@state.co.us</u>
<u>Lawton, Lisa</u>		<u>lisa@beemanoil.com</u>

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: CA COMPLETED Date of Completion: 10/05/2023

Operator Comment: Bradenhead has been installed,

COGCC Decision: _____

COGCC Representative: _____

2 CA# 178280

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

Date: _____

Response: CA COMPLETED

Date of Completion: 10/05/2023

Operator Comment: bradenhead installed and testing will begin

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: 10/30/2023 12:08:54 PM

ATTACHMENT LIST

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

Document Number **Description**

403576156	Installed Bradenhead
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Total Attach: 1 Files