

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:
403567305

Date Received:
11/06/2023

FIR RESOLUTION FORM

Overall Status: CAC

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: 10684

Name of Operator: EPIC ENERGY LLC

Address: 332 RD 3100

City: AZTEC State: NM Zip: 87410

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Smith, Arleen</u>		<u>arleen@walsheng.net</u>
<u>Labowskie, Steve</u>		<u>steve.labowskie@state.co.us</u>
<u>Martinez, Shawna</u>		<u>shawna@walsheng.net</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 712700708

Inspection Date: 10/05/2023 FIR Submit Date: 10/06/2023 FIR Status: _____

Inspected Operator Information:

Company Name: EPIC ENERGY LLC Company Number: 10684

Address: 332 RD 3100

City: AZTEC State: NM Zip: 87410

LOCATION - Location ID: 333541

Location Name: BONDAD 33-9-N33N9W Number: 14NWSE County: LA PLATA

Qtrqtr: NWSE Sec: 14 Twp: 33N Range: 9W Meridian: N

Latitude: 37.100630 Longitude: -107.792640

FACILITY - API Number: 05-067-00 Facility ID: 214097

Facility Name: BONDAD 33-9 Number: 34

Qtrqtr: NWSE Sec: 14 Twp: 33N Range: 9W Meridian: N

Latitude: 37.100630 Longitude: -107.792640

CORRECTIVE ACTIONS:

1 CA# 183286

Corrective Action: Mark or remove if not serviceable or not needed for ongoing operations. Date: 10/20/2023

Response: CA COMPLETED Date of Completion: 10/19/2023

Operator Comment: Anchor has been marked

COGCC Decision: Approved

COGCC Representative:

[Empty text box for COGCC Representative]

2 CA# 183287

Corrective Action: Post local emergency services number or 911 on well location signage.

Date: 11/06/2023

Response: CA COMPLETED

Date of Completion: 11/02/2023

Operator Comment:

Emergency service number posted 911

COGCC Decision: Approved

COGCC Representative:

[Empty text box for COGCC Representative]

OPERATOR COMMENT AND SUBMITTAL

Comment: Emergency number has been posted

[Empty text box for Comment]

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Shawna Martinez

Signed: _____

Title: Regulatory

Date: 11/6/2023 10:31:48 AM

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>
403567305	FIR RESOLUTION SUBMITTED
403567309	anchor has been marked
403585526	Emergency Services Number Posted

Total Attach: 3 Files