

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:
403599312

Date Received:
11/16/2023

FIR RESOLUTION FORM

Overall Status:

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: 51130
Name of Operator: LOCIN OIL CORPORATION
Address: 600 TRAVIS ST STE 6161
City: HOUSTON State: TX Zip: 77002

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

Additional Operator Contact:

Contact Name	Phone	Email
Gas. UtahGasCorp	970-693-6021	inspections@utahgascorp.com
Taylor, Tina		ttaylor@locin.energy
Schlagenhauf, Mark		mark.schlagenhauf@state.co.us
Benedict, Dan		dbenedict@locin.energy

COGCC INSPECTION SUMMARY:

FIR Document Number: 701103853
Inspection Date: 11/08/2023 FIR Submit Date: 11/09/2023 FIR Status:

Inspected Operator Information:

Company Name: LOCIN OIL CORPORATION Company Number: 51130
Address: 600 TRAVIS ST STE 6161
City: HOUSTON State: TX Zip: 77002

LOCATION - Location ID: 322408

Location Name: FEDERAL-68S104W Number: 8SENE County: GARFIELD
Qtrqr: SENE Sec: 8 Twp: 8S Range: 104W Meridian: 6
Latitude: 39.384290 Longitude: -109.005056

FACILITY - API Number: 05-045-00 Facility ID: 210432

Facility Name: GOVERNMENT Number: 1-8
Qtrqr: SENE Sec: 8 Twp: 8S Range: 104W Meridian: 6
Latitude: 39.384290 Longitude: -109.005056

CORRECTIVE ACTIONS:

1 CA# 188061

Corrective Action: Comply with Rule 606
Immediately within 24 hours comply with OOSLAT requirements per Rule 1101.a.(3).C.
(isolate and tag)

Date: 12/11/2023

Response: CA COMPLETED Date of Completion: 11/24/2023

Operator Comment: Locin will cut and cap the riser belonging to them.

COGCC Decision: _____

COGCC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Flowline integrity inspection
Unused flowline risers. 1-2" riser at pit and surface equipment. 1-UGC riser just north of the pit and surface equipment.
Corrective Action: Comply with Rule 606
Immediately within 24 hours comply with OOSLAT requirements per Rule 1101.a.(3).C.
(isolate and tag)
Date: 12/11/2023

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

Print Name: Tina Taylor

Signed: _____

Title: Reg. Mgr.

Date: 11/16/2023 7:40:21 PM

ATTACHMENT LIST

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

Document Number **Description**

403599313	FIRR
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Total Attach: 1 Files