

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:

403576170

Date Received:

10/30/2023

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: 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

Labowskie, Steve

steve.labowskie@state.co.us

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lisa@beemanoil.com

Engineering

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COGCC INSPECTION SUMMARY:

FIR Document Number: 712700505

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: 306993

Location Name: HUBBS-N33N12W Number: 12SW4NW4 County: LA PLATA

Qtrqr: SWN Sec: 12 Twp: 33N Range: 12W Meridian: N

Latitude: 37.120490 Longitude: -108.107870

FACILITY - API Number: 05-067- -00 Facility ID: 292161

Facility Name: HUBBS Number: 2

Qtrqr: SWN Sec: 12 Twp: 33N Range: 12W Meridian: N

Latitude: 37.120490 Longitude: -108.107870

CORRECTIVE ACTIONS:

1 ☒ CA# 178169

Corrective Action:

Date: _____

Install appropriate fittings to allow bradenhead visual inspection as per Rule 419.a.(1), (2).

Response: CA COMPLETED

Date of Completion: 10/04/2023

Operator
Comment: Bradenhead installed

COGCC Decision: Approved pending re-inspection

COGCC
Representative:

2 ☒ CA# 178279

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

Date: _____

Response: CA COMPLETED

Date of Completion: 10/04/2023

Operator
Comment: Bradenhead installed and will start monitoring and testing

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: Lisa Lawton

Signed: _____

Title: agent

Date: 10/30/2023 12:15:40 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>
403576170	FIR RESOLUTION SUBMITTED
403576178	Installed bradenhead

Total Attach: 2 Files