

State of Colorado
Energy & Carbon Management Commission



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Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:
403615898

Date Received:
12/06/2023

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: 10117
Name of Operator: LORENTZ OIL & GAS LLC
Address: 2109 BERKELEY DRIVE
City: WICHITA State: TX Zip: 76308

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

Additional Operator Contact:

Contact Name	Phone	Email
LORENTZ BRIAN		lorentz@coxinet.net
Costa, Ryan		ryan.costa@state.co.us

COGCC INSPECTION SUMMARY:

FIR Document Number: 713600337
Inspection Date: 10/31/2023 FIR Submit Date: 11/02/2023 FIR Status:

Inspected Operator Information:

Company Name: LORENTZ OIL & GAS LLC Company Number: 10117
Address: 2109 BERKELEY DRIVE
City: WICHITA State: TX Zip: 76308

LOCATION - Location ID: 321139

Location Name: KONKEL-632S44W Number: 4E2 County: BACA
Qtrqtr: E2 Sec: 4 Twp: 32S Range: 44W Meridian: 6
Latitude: 37.287394 Longitude: -102.372282

FACILITY - API Number: 05-009-00 Facility ID: 206136

Facility Name: KONKEL Number: 1-4
Qtrqtr: E2 Sec: 4 Twp: 32S Range: 44W Meridian: 6
Latitude: 37.287394 Longitude: -102.372282

CORRECTIVE ACTIONS:

1 CA# 187595

Corrective Action: Submit Form 19 to report historic spill of impacted material and Contact ECMC EPS staff per Rule 912.b. Date: 10/31/2023

Response: CA COMPLETED Date of Completion: 11/20/2023

Operator Comment: Form 19IS, Document #403598473, submitted 11/20/2023

COGCC Decision:

COGCC
Representative:

[Empty text box]

2 CA# 187596

Corrective Action: Comply with 1004 Rules.

Date: 10/31/2023

Response: CA COMPLETED

Date of Completion: 11/20/2023

Operator
Comment:

Soil samples will be taken to analyze location to determine if there are any impacted soils. Once this is determined, a reclamation plan will be implemented. Location will be reseeded and undesirable weeds will be removed and controlled.

COGCC Decision:

[Empty text box]

COGCC
Representative:

[Empty text box]

OPERATOR COMMENT AND SUBMITTAL

Comment: Reclamation CA's are in process.

[Empty text box]

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

Print Name: Amber Barnett

Signed:

Title: Compliance Specialist

Date: 12/6/2023 11:09:40 AM

ATTACHMENT LIST

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

Document Number **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files