

State of Colorado
Energy & Carbon Management Commission



Document Number:
403616165

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

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
<u>Costa, Ryan</u>		<u>ryan.costa@state.co.us</u>
<u>Lorentz, Brian</u>		<u>lorentz@coxinet.net</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 713600341
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: 321140

Location Name: LIPPOLDT-632S44W Number: 14N2SE County: BACA
Qtrqr: N2SE Sec: 14 Twp: 32S Range: 44W Meridian: 6
Latitude: 37.256595 Longitude: -102.336209

FACILITY - API Number: 05-009-00 Facility ID: 206137

Facility Name: LIPPOLDT Number: 1-14
Qtrqr: N2SE Sec: 14 Twp: 32S Range: 44W Meridian: 6
Latitude: 37.256595 Longitude: -102.336209

CORRECTIVE ACTIONS:

1 CA# 187599

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 #403598651 was submitted on 11/20/2023

COGCC Decision: _____

COGCC
Representative:

2 CA# 187600

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: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Reclamation CA's are in process.

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 11:06:30 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