

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:
404074871

Date Received:
01/30/2025

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

ECMC Operator Number: 39560

Name of Operator: TOP OPERATING COMPANY

Address: 3609 S WADSWORTH BLVD STE 340

City: LAKEWOOD State: CO Zip: 80235

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

HERRING, PAUL

paul.herring@topoperating.com

Canfield, Chris

chris.canfield@state.co.us

ECMC INSPECTION SUMMARY:

FIR Document Number: 690101763

Inspection Date: 03/09/2020

FIR Submit Date: 03/11/2020

FIR Status: _____

Inspected Operator Information:

Company Name: TOP OPERATING COMPANY

Company Number: 39560

Address: 3609 S WADSWORTH BLVD STE 340

City: LAKEWOOD State: CO Zip: 80235

LOCATION - Location ID: _____

Location Name: _____ Number: _____ County: _____

Qtrqtr: NWN Sec: 25 Twp: 1N Range: 67W Meridian: 6
W

Latitude: 40.026883 Longitude: -104.846673

FACILITY - API Number: 05-123- -00 Facility ID: 472962

Facility Name: Beneath former location of pumpjack Number: _____

Qtrqtr: NWN Sec: 25 Twp: 1N Range: 67W Meridian: 6
W

Latitude: 40.026883 Longitude: -104.846673

CORRECTIVE ACTIONS:

1 CA# 137124

Corrective Action: Comply with COGCC rule 1105.d. Pre-abandonment notice requirements for flowline or crude oil transfer line for inspection.

Date: 03/14/2020

Provide notice to the surface owner and the relevant local government simultaneously with submitting notice to the Director pursuant to this Rule 1105.d.

Response: CA COMPLETED

Date of Completion: 11/23/2022

Operator Comment: Form 27I was submitted on 11/23/2022. Remedial Project #27201.

ECMC Decision: _____

ECMC 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: Amber Barnett

Signed: _____

Title: Compliance Specialist

Date: 1/30/2025 9:03:25 AM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
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Total Attach: 0 Files