

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:
404635769

Date Received:
04/27/2026

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: 10351
Name of Operator: WAPITI OPERATING LLC
Address: 1251 LUMPKIN RD
City: HOUSTON State: TX Zip: 77043

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

Additional Operator Contact:

Contact Name	Phone	Email
<u>Mattorano, Michael</u>	<u>575-445-6704/505-652-0416</u>	<u>mmattorano@wapitienergy.com</u>
<u>Madison, Randy</u>	<u>575-445-6706/575-420-1120</u>	<u>rmadison@wapitienergy.com</u>
<u>Berry, Matthew</u>	<u>575-445-6785/505-652-8275</u>	<u>mberry@wapitienergy.com</u>
<u>Middlebrook, Sonny</u>	<u>575-445-6724/575-445-8610</u>	<u>smiddlebrook@wapitienergy.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 716302210
Inspection Date: 04/21/2026 FIR Submit Date: 04/21/2026 FIR Status: _____

Inspected Operator Information:

Company Name: WAPITI OPERATING LLC Company Number: 10351
Address: 1251 LUMPKIN RD
City: HOUSTON State: TX Zip: 77043

LOCATION - Location ID: 309085

Location Name: VPR C-635S67W Number: 1NWSW County: LAS ANIMAS
Qtrqtr: NWS Sec: 1 Twp: 35S Range: 67W Meridian: 6
W
Latitude: 37.024300 Longitude: -104.846570

FACILITY - API Number: 05-071-00 Facility ID: 287872

Facility Name: VPR C Number: 139
Qtrqtr: NWS Sec: 1 Twp: 35S Range: 67W Meridian: 6
W
Latitude: 37.024300 Longitude: -104.846570

CORRECTIVE ACTIONS:

1 CA# 212337

Corrective Action: **IF RISER ARE NO LONGER USEFUL TO THE OPERATION OF THIS WELL THEY NEED TO BE REMOVED OTHERWISE MARK RISER WITH THERE CONTENTS PER RULE 606.**

Date: 05/21/2026

Response: CA COMPLETED

Date of Completion: 04/23/2026

Operator Comment: Risers were labeled. See attached Photos

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: Randy L. Madison

Signed: _____

Title: HSE & Reg. Speciaist, Sr

Date: 4/27/2026 2:51:14 PM

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>
404635769	FIR RESOLUTION SUBMITTED
404635799	Photo #2
404635801	Photo #1

Total Attach: 3 Files