

State of Colorado
Oil and Gas Conservation Commission

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



Document Number:
401152383
Date Received:
11/17/2016

FIR RESOLUTION FORM

Overall Status: FRQ

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

0 CA Completed
1 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10515

Name of Operator: GUNNISON ENERGY LLC

Address: 1801 BROADWAY #1200

City: DENVER State: CO Zip: 80202

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Heather Lang

303-296-2752

heather.lang@oxbow.com

Robert Downey

303-296-4222

robert.downey@oxbow.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 680401090

Inspection Date: 11/12/2016

FIR Submit Date: 11/15/2016

FIR Status: _____

Inspected Operator Information:

Company Name: GUNNISON ENERGY LLC

Company Number: 10515

Address: 1801 BROADWAY #1200

City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 324484

Location Name: HOTCHKISS 12-90-612S90W Number: 1SWSE County: GUNNISON

Qtrqtr: SWSE Sec: 1 Twp: 12S Range: 90W Meridian: 6

Latitude: 39.038041 Longitude: -107.392596

FACILITY - API Number: 05-051- -00 Facility ID: 283918

Facility Name: HOTCHKISS 12-90 Number: 1-34

Qtrqtr: SWSE Sec: 1 Twp: 12S Range: 90W Meridian: 6

Latitude: 39.038041 Longitude: -107.392596

CORRECTIVE ACTIONS:

1 CA# 54073

Corrective Action: Contact COGCC Underground Injection Control Engineer if over 5 year date or Fails MIT

Date: 11/30/2016

Response: FACTUAL REVIEW REQUEST

Basis for Review: Action requested was already completed prior to the inspection

We are requesting a factual review to void this corrective action. We produced this well for a short period in October 2015 and forgot to send in the production report. We have now submitted the production report Form 7

Operator Comment: with the data for the time period in which we produced this well.

COGCC Decision:

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: Heather Lang Signed:

Title: Office Mgr & Lse Analyst Date: 11/17/2016 4:55:55 PM

ATTACHMENT LIST

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

Document Number **Description**

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Total Attach: 0 Files