

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:

401262625

Date Received:

04/19/2017

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 2 CAs from the FIR responded to on this Form

1 CA Completed

0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 26625

Name of Operator: ELM RIDGE EXPLORATION COMPANY LLC

Address: 12225 GREENVILLE AVE STE 950

City: DALLAS State: TX Zip: 75243-9362

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Lindeman, Terry

505-632-8048 EXT 210

tlindeman@elmridge.net

Fischer, Alex

alex.fischer@state.co.us

Archuleta, Amy

aarchuleta@elmridge.net

COGCC INSPECTION SUMMARY:

FIR Document Number: 674901474

Inspection Date: 02/17/2017

FIR Submit Date: 02/22/2017

FIR Status: _____

Inspected Operator Information:

Company Name: ELM RIDGE EXPLORATION COMPANY LLC

Company Number: 26625

Address: 12225 GREENVILLE AVE STE 950

City: DALLAS State: TX Zip: 75243-9362

LOCATION - Location ID: 311901

Location Name: FASSETT GAS UNIT-N33N8W Number: 7SENW County: LA PLATA

Qtrqtr: SENW Sec: 7 Twp: 33N Range: 8W Meridian: N

Latitude: 37.121720 Longitude: -107.763260

FACILITY - API Number: 05-067- -00 Facility ID: 216311

Facility Name: FASSETT GAS UNIT Number: 2

Qtrqtr: SENW Sec: 7 Twp: 33N Range: 8W Meridian: N

Latitude: 37.121720 Longitude: -107.763260

CORRECTIVE ACTIONS:

1 CA# 64900

Corrective Action: Repair or install berms or other secondary containment devices per Rule 605.a.(4).

Date: 03/22/2017

Response: CA COMPLETED

Date of Completion: 04/13/2017

Operator Comment: We would like to request an extension to rebuild the berm on location. We are requesting 30 days, bringing the due date to 4-21-17. The heavy precipitation and the amount of berms we plan to rebuild, we feel a 30 day extension is warranted.

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: Amy Archuleta

Signed: _____

Title: Regulatory Supervisor

Date: 4/19/2017 10:28:14 AM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
401262629	Photo
401262630	Photo

Total Attach: 2 Files