

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:  
401285738  
Date Received:  
05/17/2017

FIR RESOLUTION FORM

CA Summary:

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

1 CA Completed  
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10282  
Name of Operator: EPHPHATHA LLC  
Address: 1314 B CENTER DR #449  
City: MEDFORD State: OR Zip: 97501  
Contact Name and Telephone:  
Name:  
Phone: ( ) Fax: ( )  
Email:

Additional Operator Contact:

Contact Name	Phone	Email
Sullins, Cory	3109011996	csullins03@yahoo.com
Sills, Shane		shanesills@gmail.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 673404562  
Inspection Date: 05/09/2017 FIR Submit Date: 05/16/2017 FIR Status:

Inspected Operator Information:

Company Name: EPHPHATHA LLC Company Number: 10282  
Address: 1314 B CENTER DR #449  
City: MEDFORD State: OR Zip: 97501

LOCATION - Location ID: 316767

Location Name: DRY CREEK UT HD 31-66N88W Number: 31NENE County: ROUTT  
Qtrqtr: NENE Sec: 31 Twp: 6N Range: 88W Meridian: 6  
Latitude: 40.438950 Longitude: -107.298851

FACILITY - API Number: 05-107- -00 Facility ID: 232760

Facility Name: DRY CREEK UT HD 31 Number: 1A (PILOT HOLE)  
Qtrqtr: NENE Sec: 31 Twp: 6N Range: 88W Meridian: 6  
Latitude: 40.438950 Longitude: -107.298851

CORRECTIVE ACTIONS:

1 ☒ CA# 76265

Corrective Action: Comply with Rule 603.f using the Rule 603.f guidance document for further details.

Date: 06/16/2017

Response: CA COMPLETED

Date of Completion: 05/17/2017

Operator Comment: Sprayed weeds around equipment as well as noxious weeds in the vicinity of the well.

COGCC Decision: Approved pending re-inspection

COGCC  
Representative:

**OPERATOR COMMENT AND SUBMITTAL**

Comment: We have sprayed weeds around all equipment as well as all noxious weeds in the vicinity of the well. We will spray again mid June 2017 and monitor for the remainder of the growing season for any additional weed issues.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Cory Sullins

Signed: \_\_\_\_\_

Title: Manager

Date: 5/17/2017 1:39:13 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

401285738	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files