

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:

401327042

Date Received:

06/29/2017

FIR RESOLUTION FORM

CA Summary:

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

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 45898
Name of Operator: KAISER-FRANCIS OIL COMPANY
Address: P O BOX 21468
City: TULSA State: OK Zip: 74121

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

Additional Operator Contact:

Contact Name Phone Email
VanValkenburg, Charlotte CharlotV@kfoc.net

COGCC INSPECTION SUMMARY:

FIR Document Number: 673404653
Inspection Date: 05/24/2017 FIR Submit Date: 05/24/2017 FIR Status:

Inspected Operator Information:

Company Name: KAISER-FRANCIS OIL COMPANY Company Number: 45898
Address: P O BOX 21468
City: TULSA State: OK Zip: 74121

LOCATION - Location ID: 312778

Location Name: BRUNNER-68N90W Number: 32NENE County: MOFFAT
Qtrqr: NENE Sec: 32 Twp: 8N Range: 90W Meridian: 6
Latitude: 40.613396 Longitude: -107.508017

FACILITY - API Number: 05-081-00 Facility ID: 222377

Facility Name: BRUNNER Number: 1
Qtrqr: NENE Sec: 32 Twp: 8N Range: 90W Meridian: 6
Latitude: 40.613396 Longitude: -107.508017

CORRECTIVE ACTIONS:

1 CA# 78450

Corrective Action: Securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 605.d.

Date: 06/26/2017

Response: CA COMPLETED Date of Completion: 06/20/2017

Operator Comment: Work has been completed as requested.

COGCC Decision: Approved pending re-inspection

COGCC Representative: Approved pending re-inspection.

2 CA# 78451

Corrective Action: Install sign to comply with Rule 210.d.

Date: 06/26/2017

Response: CA COMPLETED

Date of Completion: 06/20/2017

Operator Comment: Work completed as requested.

COGCC Decision: Approved pending re-inspection

COGCC Representative: Approved pending re-inspection.

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: Charlotte Van Valkenburg

Signed: _____

Title: Mgr., Regulatory Complian

Date: 6/29/2017 12:29:06 PM

ATTACHMENT LIST

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

Document Number **Description**

401327042	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files