

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:
401458097
Date Received:
11/14/2017

FIR RESOLUTION FORM

Overall Status: CAC

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: 51922
Name of Operator: LYSTER OIL COMPANY INC
Address: 701 COUNTY ROAD 105
City: CRAIG State: CO Zip: 81625
Contact Name and Telephone:
Name:
Phone: () Fax: ()
Email:

Additional Operator Contact:

Contact Name	Phone	Email
lyster.brandon	970-326-7533	blysteroil@aol.com
Lyster, Larry	970-824-6854	lysteroil@yahoo.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 689800413
Inspection Date: 10/24/2017 FIR Submit Date: 11/06/2017 FIR Status:

Inspected Operator Information:

Company Name: LYSTER OIL COMPANY INC Company Number: 51922
Address: 701 COUNTY ROAD 105
City: CRAIG State: CO Zip: 81625

LOCATION - Location ID: 313035

Location Name: ELK SPRINGS UNIT-64N98W Number: 8SWSW County: MOFFAT
Qtrqr: SWS Sec: 8 Twp: 4N Range: 98W Meridian: 6
W
Latitude: 40.325640 Longitude: -108.421050

FACILITY - API Number: 05-081- -00 Facility ID: 223401

Facility Name: ELK SPRINGS UNIT Number: 14-8
Qtrqr: SWS Sec: 8 Twp: 4N Range: 98W Meridian: 6
W
Latitude: 40.325640 Longitude: -108.421050

CORRECTIVE ACTIIONS:

1 CA# 109726

Corrective Action: Comply with Rule 603.f . Date: 08/24/2017

Response: CA COMPLETED Date of Completion: 11/14/2017

Operator Comment: The flowline/risers in question was originally part of the treator system. After the treator was removed, some time ago, the flow lines were all tied together and are now part of the working system.

COGCC Decision: _____

COGCC
Representative:

--

OPERATOR COMMENT AND SUBMITTAL

Comment: The flowline/risers in question was originally part of the treator system. After the treator was removed, some time ago, the flow lines were all tied together and are now part of the working system.

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

Print Name: Amanda Stewart

Signed: _____

Title: Secretary

Date: 11/14/2017 8:59:17 AM

ATTACHMENT LIST

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

Document Number **Description**

--	--

Total Attach: 0 Files