

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:
401549127
Date Received:
02/19/2018

FIR RESOLUTION FORM

Overall Status: CAC

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: 10330
Name of Operator: INVESTMENT EQUIPMENT LLC
Address: 412 W PLATTE AVE
City: FT MORGAN State: CO Zip: 80701

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

Additional Operator Contact:

Contact Name	Phone	Email
<u>Jim Chisholm</u>	<u>405-642-9437</u>	<u>investmentequipment@gmail.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 688301156
Inspection Date: 02/08/2018 FIR Submit Date: 02/12/2018 FIR Status: _____

Inspected Operator Information:

Company Name: INVESTMENT EQUIPMENT LLC Company Number: 10330
Address: 412 W PLATTE AVE
City: FT MORGAN State: CO Zip: 80701

LOCATION - Location ID: 317095

Location Name: ATKINSON-CHENOWETH-63S56W Number: 30NENE County: WASHINGTON
Qtrqtr: NENE Sec: 30 Twp: 3S Range: 56W Meridian: 6
Latitude: 39.767350 Longitude: -103.689500

FACILITY - API Number: 05-121-00

Facility ID: 236181

Facility Name: ATKINSON-CHENOWETH Number: 4
Qtrqtr: NENE Sec: 30 Twp: 3S Range: 56W Meridian: 6
Latitude: 39.767350 Longitude: -103.689500

CORRECTIVE ACTIIONS:

1 CA# 114428

Corrective Action: Repair or install berms or other secondary containment devices per Rule 906.d.(1). Date: 03/13/2018

Response: CA COMPLETED Date of Completion: 02/15/2018

Operator Comment: Brought in dirt to repair rodent holes in berm.

COGCC Decision: _____

COGCC
Representative:

2 CA# 114429

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: 03/13/2018

Response: CA COMPLETED

Date of Completion: 02/15/2018

Operator
Comment: Cleaned and tightened valves.

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: Jim Chisholm

Signed: _____

Title: Managing Member

Date: 2/19/2018 3:23:18 PM

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>
401549143	CORRECTIVE ACTION PHOTOS

Total Attach: 1 Files