

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:
401513021
Date Received:
01/19/2018

FIR RESOLUTION FORM

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: 34725

Name of Operator: GOSNEY & SONS INC

Address: P O BOX 367

City: BAYFIELD State: CO Zip: 81122

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Barnett, Matt

mattb@gosneyco.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 680602217

Inspection Date: 10/05/2017

FIR Submit Date: 11/13/2017

FIR Status: _____

Inspected Operator Information:

Company Name: GOSNEY & SONS INC

Company Number: 34725

Address: P O BOX 367

City: BAYFIELD State: CO Zip: 81122

LOCATION - Location ID: 320908

Location Name: CONLEY-N32N6W Number: 24NESE County: ARCHULETA

Qtrqr: NESE Sec: 24 Twp: 32N Range: 6W Meridian: N

Latitude: 37.000710 Longitude: -107.443140

FACILITY - API Number: 05-007-00 Facility ID: 295374

Facility Name: CONLEY Number: 7

Qtrqr: NESE Sec: 24 Twp: 32N Range: 6W Meridian: N

Latitude: 37.000710 Longitude: -107.443140

CORRECTIVE ACTIONS:

1 ☒ CA# 110525

Corrective Action: Remove trailers and other equipment from the project area or provide a signed surface owner waiver that clearly delineates what portions of the project area will be used for surface owner equipment.

Date: 01/31/2018

Response: CA COMPLETED

Date of Completion: 01/19/2018

Operator
Comment:

Operator has provided a signed surface owner waiver via a Form 4 Rule 502.b Variance Request. Refer to Document Number 401513013.

COGCC Decision: Approved pending re-inspection

COGCC
Representative:

Waiver request is currently under review. Approval of this form is not an approval of waiver, but an acknowledgement that response to corrective action is provided. Final determination of waiver will be provided in response to Form 401513013.

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: Matt Barnett

Signed: _____

Title: General Manager

Date: 1/19/2018 9:01:26 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>
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401513021	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files