

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:

401657222

Date Received:

05/30/2018

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: 39560

Name of Operator: TOP OPERATING COMPANY

Address: 3609 S WADSWORTH BLVD STE 340

City: LAKEWOOD State: CO Zip: 80235

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

HERRING, PAUL

Phone

(303) 727-9915

Email

paul.herring@topoperating.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 688500070

Inspection Date: 05/17/2018

FIR Submit Date: 05/24/2018

FIR Status: _____

Inspected Operator Information:

Company Name: TOP OPERATING COMPANY

Company Number: 39560

Address: 3609 S WADSWORTH BLVD STE 340

City: LAKEWOOD State: CO Zip: 80235

LOCATION - Location ID: 321290

Location Name: RIDER FAMILY TRUST-63N69W Number: 36NESE County: _____

Qtrqtr: NESE Sec: 36 Twp: 3N Range: 69W Meridian: 6

Latitude: 40.179100 Longitude: -105.058790

FACILITY - API Number: 05-013-00 Facility ID: 321290

Facility Name: RIDER FAMILY TRUST-63N69W Number: 36NESE

Qtrqtr: NESE Sec: 36 Twp: 3N Range: 69W Meridian: 6

Latitude: 40.179100 Longitude: -105.058790

CORRECTIVE ACTIONS:

1 CA# 116511

Corrective Action: Submit Form 19 Spill/Release Report concerning discovery of a historical release near the former horizontal separator. Submit Form 19 Spill/Release Report concerning discovery of a historical release at the former partially-buried vessel. Submit a Form 27 Supplemental Site Investigation Work Plan proposing necessary work to delineate the extent of impacts to soils and ground water.

Date: 06/08/2018

Response: CA COMPLETED

Date of Completion: 05/30/2018

The form 19, doc. id 401655442, has been submitted.

Operator
Comment:

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: Paul Herring

Signed:

Title: Landman

Date: 5/30/2018 2:34:18 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>
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Total Attach: 0 Files