

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:

401941919

Date Received:

02/15/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

3 of 3 CAs from the FIR responded to on this Form

3 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10672
Name of Operator: TIMBER CREEK OPERATING LLC
Address: 1001 17TH STREET #1000
City: DENVER State: CO Zip: 80202

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

Additional Operator Contact:

Contact Name	Phone	Email
Amato, Joseph	719-845-2110/719-859-2263	josephamato@tcenergy.us
Santistevan, Vince	719-845-2102/719-680-9705	vincasantistevan@tcenergy.us

COGCC INSPECTION SUMMARY:

FIR Document Number: 688401116
Inspection Date: 01/18/2019 FIR Submit Date: 01/18/2019 FIR Status:

Inspected Operator Information:

Company Name: TIMBER CREEK OPERATING LLC Company Number: 10672
Address: 1001 17TH STREET #1000
City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 309408

Location Name: GOLDEN EAGLE-633S67W Number: 28SWSW County: LAS ANIMAS
Qtrqr: SWS Sec: 28 Twp: 33S Range: 67W Meridian: 6
W
Latitude: 37.139841 Longitude: -104.898247

FACILITY - API Number: 05-071- -00 Facility ID: 340

Facility Name: GOLDEN EAGLE Number: 28-13
Qtrqr: SWS Sec: 28 Twp: 33S Range: 67W Meridian: 6
W
Latitude: 37.139841 Longitude: -104.898247

CORRECTIVE ACTIIONS:

1 CA# 121879

Corrective Action: Location is within a designated setback location, install fencing per Rule 604.c.(2)M.

Date: 02/08/2019

Response: CA COMPLETED

Date of Completion: 02/08/2019

Operator Comment: The fence has been repaired.

COGCC Decision: _____

COGCC
Representative:

2 CA# 121880

Corrective Action:

Date: 02/18/2019

Response: CA COMPLETED

Date of Completion: 02/14/2019

Operator
Comment:

COGCC Decision: _____

COGCC
Representative:

3 CA# 121881

Corrective Action:

Date: 02/08/2019

Response: CA COMPLETED

Date of Completion: 02/08/2019

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: Joseph Amato

Signed: _____

Title: Regulatory Manager

Date: 2/15/2019 1:11:11 PM

ATTACHMENT LIST

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

Document Number Description

401941934	Location Photos
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Total Attach: 1 Files