

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:
401945302
Date Received:
02/20/2019

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: 51065
Name of Operator: LOEB LLC* HERMAN L
Address: P O BOX 838
City: LAWRENCEVILLE State: IL Zip: 62439

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

Additional Operator Contact:

Contact Name	Phone	Email
Middagh, Jesse	815-556-0756	jesse@loeboil.com
Pelton, Shane	620-617-5870	shane@loeboil.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 682600625
Inspection Date: 02/13/2019 FIR Submit Date: 02/14/2019 FIR Status:

Inspected Operator Information:

Company Name: LOEB LLC* HERMAN L Company Number: 51065
Address: P O BOX 838
City: LAWRENCEVILLE State: IL Zip: 62439

LOCATION - Location ID: 321669

Location Name: WHITE 'AM'-614S42W Number: 24SWNE County: CHEYENNE
Qtrqtr: SWNE Sec: 24 Twp: 14S Range: 42W Meridian: 6
Latitude: 38.822114 Longitude: -102.059833

FACILITY - API Number: 05-017-00 Facility ID: 207726

Facility Name: WHITE 'AM' Number: 1
Qtrqtr: SWNE Sec: 24 Twp: 14S Range: 42W Meridian: 6
Latitude: 38.822114 Longitude: -102.059833

CORRECTIVE ACTION:

1 CA# 122506

Corrective Action: Since the flaring or venting occurred after flowback without approval, contact the COGCC Area Engineer for next steps per Rule 912.b. if operator intends to continue venting.
If operator intends to cease venting operator should install plug or valve to cease venting and document fix on an FIRR form.

Date: 02/02/2019

Response: CA COMPLETED Date of Completion: 02/14/2019

Leaking valve was replaced with new and installed plug. No further leaks observed. Photo attached. Operator is

Operator Comment: taking necessary steps including data collection to seek request for venting from COGCC in near future.

COGCC Decision: _____

COGCC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action fully implemented with repair & replacement of valve and plug to stop gas leakage.

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

Print Name: Jesse Middagh

Signed: _____

Title: Manager; E&P Ops

Date: 2/20/2019 10:43:42 AM

ATTACHMENT LIST

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

Document Number Description

401945310	Replaced leaking valve and installed plug
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Total Attach: 1 Files