

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:
401972883

Date Received:
03/14/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 8 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10651
Name of Operator: VERDAD RESOURCES LLC

Address: 5950 CEDAR SPRINGS ROAD

City: DALLAS State: TX Zip: 75235

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Michael Cugnetti

7208456901

mcugnetti@verdadoil.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 682404476

Inspection Date: 01/28/2019

FIR Submit Date: 01/31/2019

FIR Status: _____

Inspected Operator Information:

Company Name: VERDAD RESOURCES LLC

Company Number: 10651

Address: 5950 CEDAR SPRINGS ROAD

City: DALLAS State: TX Zip: 75235

LOCATION - Location ID: 424579

Location Name: Pergamos Number: 8-11-7-60 County: _____

Qtrqr: NWN Sec: 8 Twp: 7N Range: 60W Meridian: 6
W

Latitude: 40.595680 Longitude: -104.125270

FACILITY - API Number: 05-123- -00 Facility ID: 424579

Facility Name: Pergamos Number: 8-11-7-60

Qtrqr: NWN Sec: 8 Twp: 7N Range: 60W Meridian: 6
W

Latitude: 40.595680 Longitude: -104.125270

CORRECTIVE ACTIONS:

6 CA# 122211

Corrective Action: Control and contain spills/releases and clean up per Rule 906.a. Contact COGCC EPS staff.

Date: 02/28/2019

Response: CA COMPLETED

Date of Completion: 02/14/2019

Operator
Comment:

All sources of drips and spills have been cleaned up put in containment or removed. All impacted roadbase material and soil has been removed and disposed of.

Emailed Rick Allison regarding inspection and corrective actions completed 2/14/19 on 3/5/19.
See attachments of email to EPS staff and photos of cleanup of spills.

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: Michael Cugnetti

Signed: _____

Title: EH&S Manager

Date: 3/14/2019 3:47:39 PM

ATTACHMENT LIST

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

Document Number **Description**

401972899	COGCC EPS staff contact documentation
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Total Attach: 1 Files