

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:
401992181
Date Received:
04/01/2019

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: 51130
Name of Operator: LOCIN OIL CORPORATION
Address: 2445 TECHNOLOGY FOREST BD #710
City: THE WOODLANDS State: TX Zip: 77381

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

Additional Operator Contact:

Contact Name	Phone	Email
Kellerby, Shaun	970-712-1248	shaun.kellerby@state.co.us
Waldron, Emily		emily.waldron@state.co.us

COGCC INSPECTION SUMMARY:

FIR Document Number: 679702216
Inspection Date: 12/17/2018 FIR Submit Date: 12/17/2018 FIR Status:

Inspected Operator Information:

Company Name: LOCIN OIL CORPORATION Company Number: 51130
Address: 2445 TECHNOLOGY FOREST BD #710
City: THE WOODLANDS State: TX Zip: 77381

LOCATION - Location ID: 315251

Location Name: FORK UNIT-62S101W Number: 7NESW County: RIO BLANCO
Qtrqtr: NESW Sec: 7 Twp: 2S Range: 101W Meridian: 6
Latitude: 39.888200 Longitude: -108.777183

FACILITY - API Number: 05-103-00 Facility ID: 230485

Facility Name: FORK UNIT Number: 11-7
Qtrqtr: NESW Sec: 7 Twp: 2S Range: 101W Meridian: 6
Latitude: 39.888200 Longitude: -108.777183

CORRECTIVE ACTIONS:

1 CA# 121117

Corrective Action: Install sign to comply with Rule 210.d. Date: 02/18/2019

Response: CA COMPLETED Date of Completion: 03/07/2019

Operator Comment: Sign reinstalled to comply with Rule 210.d

COGCC Decision: _____

COGCC
Representative:

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OPERATOR COMMENT AND SUBMITTAL

Comment: Field Inspection Report was sent to Company to an email account not on COGCC records for notice to Company. Company was made aware of this FIR on February 22, 2019. Company discussed the erroneous email contact used by Inspector in written and verbal communication with Inspector on February 22nd.

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

Print Name: Michael Nicol

Signed: _____

Title: Manager

Date: 4/1/2019 4:23:48 PM

ATTACHMENT LIST

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

Document Number	Description
401992196	Sign reinstalled

Total Attach: 1 Files