

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:  
401992476  
Date Received:  
04/02/2019

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

Nicol, Michael

281-362-8600 x116

mnicol@locinoil.com

Kellerby, Shaun

970-712-1248

shaun.kellerby@state.co.us

COGCC INSPECTION SUMMARY:

FIR Document Number: 679703029

Inspection Date: 02/19/2019

FIR Submit Date: 02/19/2019

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: 315394

Location Name: N. DOUGLAS CREEK-61S101W Number: 33SWSW County: RIO BLANCO

Qtrqtr: SWS Sec: 33 Twp: 1S Range: 101W Meridian: 6  
W

Latitude: 39.914983 Longitude: -108.744383

FACILITY - API Number: 05-103- -00 Facility ID: 230766

Facility Name: N. DOUGLAS CREEK Number: 13-33-1-1

Qtrqtr: SWS Sec: 33 Twp: 1S Range: 101W Meridian: 6  
W

Latitude: 39.914983 Longitude: -108.744383

CORRECTIVE ACTIONS:

1 CA# 122593

Corrective Action: Securely fasten all valves, pipes, and fillings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 605.d.

Date: 01/21/2019

Response: CA COMPLETED

Date of Completion: 03/07/2019

Secured riser pursuant to Rule 605.d

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: Michael Nicol

Signed: \_\_\_\_\_

Title: Manager

Date: 4/2/2019 7:40:51 AM

**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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401992484	Riser secured
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Total Attach: 1 Files