

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:

402036572

Date Received:

05/08/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 CA Completed  
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 6720

Name of Operator: ROBERT L BAYLESS PRODUCER LLC

Address: P O BOX 168

City: FARMINGTON State: NM Zip: 87499

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

Trujillo, Helen

notices@rlbayless.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 679703457

Inspection Date: 03/25/2019

FIR Submit Date: 03/26/2019

FIR Status: \_\_\_\_\_

Inspected Operator Information:

Company Name: ROBERT L BAYLESS PRODUCER LLC

Company Number: 6720

Address: 621 17TH ST STE 2300

City: DENVER State: CO Zip: 80293

LOCATION - Location ID: 315359

Location Name: PHILADELPHIA CREEK-62S101W Number: 14SENW County: RIO BLANCO

Qtrqr: SENW Sec: 14 Twp: 2S Range: 101W Meridian: 6

Latitude: 39.878900 Longitude: -108.702930

FACILITY - API Number: 05-103-00 Facility ID: 230695

Facility Name: PHILADELPHIA CREEK Number: 22

Qtrqr: SENW Sec: 14 Twp: 2S Range: 101W Meridian: 6

Latitude: 39.878900 Longitude: -108.702930

CORRECTIVE ACTIONS:

1 CA# 123477

Corrective Action: Comply with Rule 603.f.

Date: 04/26/2019

Response: CA COMPLETED

Date of Completion: 05/08/2019

Operator Comment: valves and container removed

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

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**2** CA# 123478

Corrective Action: Install sign to comply with Rule 210.d.

Date: 05/24/2019

Response: CA COMPLETED

Date of Completion: 05/08/2019

Operator  
Comment:

sign installed

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COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

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OPERATOR COMMENT AND SUBMITTAL

Comment:

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

Print Name: Helen Trujillo

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

Title: Office Manager

Date: 5/8/2019 1:58:56 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

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Total Attach: 0 Files