

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:

402036643

Date Received:

05/08/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

4 of 4 CAs from the FIR responded to on this Form

4 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: 679703884
Inspection Date: 04/29/2019 FIR Submit Date: 04/29/2019 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: 315360

Location Name: PHILADELPHIA CREEK-62S101W Number: 15NENW County: RIO BLANCO
Qtrqtr: NENW Sec: 15 Twp: 2S Range: 101W Meridian: 6
Latitude: 39.879890 Longitude: -108.721610

FACILITY - API Number: 05-103-00 Facility ID: 230698

Facility Name: PHILADELPHIA CREEK Number: 25
Qtrqtr: NENW Sec: 15 Twp: 2S Range: 101W Meridian: 6
Latitude: 39.879890 Longitude: -108.721610

CORRECTIVE ACTIIONS:

1 CA# 124691

Corrective Action: Repair or install berms or other secondary containment devices per Rule 605.a(4). Date: 11/23/2018

Response: CA COMPLETED Date of Completion: 05/06/2019

Operator Comment: berms installed

COGCC Decision: _____

COGCC
Representative:

2 CA# 124692

Corrective Action:

Date: 01/25/2019

Response: CA COMPLETED

Date of Completion: 05/06/2019

Operator
Comment:

COGCC Decision: _____

COGCC
Representative:

3 CA# 124693

Corrective Action:

Date: 11/23/2018

Response: CA COMPLETED

Date of Completion: 05/06/2019

Operator
Comment:

COGCC Decision: _____

COGCC
Representative:

4 CA# 124694

Corrective Action:

Date: 11/23/2018

Response: CA COMPLETED

Date of Completion: 05/06/2019

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: Helen Trujillo

Signed: _____

Title: Office Manager

Date: 5/8/2019 2:14:09 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