

State of Colorado
Oil and Gas Conservation Commission

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Document Number:
402158919
Date Received:
08/27/2019

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: 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	281-362-8600x116	mnicol@locinoil.com
Kellerby, Shaun	970-712-1248	shaun.kellerby@state.co.us

COGCC INSPECTION SUMMARY:

FIR Document Number: 679705151
Inspection Date: 08/21/2019 FIR Submit Date: 08/21/2019 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: 315525

Location Name: FORK UNIT-62S102W Number: 1NWNE County: RIO BLANCO
Qtrqtr: NWNE Sec: 1 Twp: 2S Range: 102W Meridian: 6
Latitude: 39.909517 Longitude: -108.787867

FACILITY - API Number: 05-103-00 Facility ID: 230984

Facility Name: FORK UNIT Number: 2-1-2-2
Qtrqtr: NWNE Sec: 1 Twp: 2S Range: 102W Meridian: 6
Latitude: 39.909517 Longitude: -108.787867

CORRECTIVE ACTIIONS:

1 CA# 129508

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

Date: 09/20/2019

Response: CA COMPLETED

Date of Completion: 08/26/2019

Operator Comment: The production unit/separator is in good mechanical condition and operating properly. The gas and minimal liquid observed are within normal operating conditions for the equipment.

COGCC Decision: _____

COGCC Representative:

2 CA# 129509

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

Date: 10/18/2019

Response: CA COMPLETED

Date of Completion: 08/26/2019

Operator Comment: Please see attached picture.

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 J Nicol

Signed: _____

Title: Manager

Date: 8/27/2019 3:29:52 PM

ATTACHMENT LIST

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

Document Number **Description**

402158935 Tank signage

Total Attach: 1 Files