

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:
402233018

Date Received:
11/06/2019

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: 10453

Name of Operator: PARADOX UPSTREAM LLC

Address: 500 DALLAS ST SUITE #1650

City: HOUSTON State: TX Zip: 77002

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Browning, Chuck

970-433-4139

chuck.browning@state.co.us

Miller, Mandy

970-739-3786

mandym@paradoxresources.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 693801197

Inspection Date: 10/23/2019

FIR Submit Date: 10/24/2019

FIR Status: _____

Inspected Operator Information:

Company Name: PARADOX UPSTREAM LLC

Company Number: 10453

Address: PO BOX 220

City: NATURITA State: CO Zip: 81422

LOCATION - Location ID: 316818

Location Name: MCINTYRE CANYON-N44N19W Number: 17SWNW County: SAN MIGUEL

Qtrqtr: SWN Sec: 17 Twp: 44N Range: 19W Meridian: N
W

Latitude: 38.077220 Longitude: -108.991380

FACILITY - API Number: 05-113- -00 Facility ID: 258264

Facility Name: MCINTYRE CANYON Number: 17-21

Qtrqtr: SWN Sec: 17 Twp: 44N Range: 19W Meridian: N
W

Latitude: 38.077220 Longitude: -108.991380

CORRECTIVE ACTIONS:

1 CA# 132000

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

Date: 11/30/2019

Response: CA COMPLETED

Date of Completion: 10/31/2019

Ground tanks labeled, chem tanks labeled

Operator _____
Comment: _____

COGCC Decision: _____

COGCC Representative: _____

2 CA# 132001

Corrective Action: Comply with Rule 603.f .

Date: 11/01/2019

Response: CA COMPLETED

Date of Completion: 10/31/2019

Operator Comment: Doors removed and unused wire removed

COGCC Decision: _____

COGCC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Please see corrections.

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

Print Name: Mandy Miller

Signed: _____

Title: Production Tech

Date: 11/6/2019 4:50:03 PM

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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Total Attach: 0 Files