

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:
402233274

Date Received:
11/07/2019

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

Miller, Mandy

970-739-3786

mandym@paradoxresources.com

Browning, Chuck

970-433-4139

chuck.browning@state.co.us

COGCC INSPECTION SUMMARY:

FIR Document Number: 693801196

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: 316804

Location Name: MCINTYRE CANYON UNIT-N44N19W Number: 18SENE County: SAN MIGUEL

Qtrqr: SENE Sec: 18 Twp: 44N Range: 19W Meridian: N

Latitude: 38.078950 Longitude: -108.998790

FACILITY - API Number: 05-113-00 Facility ID: 232822

Facility Name: MCINTYRE CANYON UNIT Number: 6-H-18

Qtrqr: SENE Sec: 18 Twp: 44N Range: 19W Meridian: N

Latitude: 38.078950 Longitude: -108.998790

CORRECTIVE ACTIONS:

1 CA# 131998

Corrective Action: Comply with Rule 603.f .

Date: 12/09/2019

Response: CA COMPLETED

Date of Completion: 10/23/2019

Operator Comment: Catwalk removed to comply with rule 603.f.

COGCC Decision: _____

COGCC
Representative: _____

2 CA# 131999

Corrective Action: Comply with Rule 603.f .
For unused , unmarked flow line risers 24 hrs. to lock out tag out. 30 days to remove riser.

Date: 10/25/2019

Response: CA COMPLETED

Date of Completion: 10/23/2019

Operator
Comment: Flowline and riser removed to comply with Rule 603.f

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: Mandy Miller

Signed: _____

Title: Prodction Tech

Date: 11/7/2019 9:53:23 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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Total Attach: 0 Files