

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:
402276386

Date Received:
01/02/2020

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10330
Name of Operator: INVESTMENT EQUIPMENT LLC
Address: 412 W PLATTE AVE
City: FT MORGAN State: CO Zip: 80701

Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

| | | |
|----------------------|---------------------|--------------------------------------|
| Contact Name | Phone | Email |
| <u>Chisholm, Jim</u> | <u>405-642-9437</u> | <u>investmentequipment@gmail.com</u> |

COGCC INSPECTION SUMMARY:

FIR Document Number: 688306617
Inspection Date: 12/26/2019 FIR Submit Date: 12/26/2019 FIR Status: _____

Inspected Operator Information:

Company Name: INVESTMENT EQUIPMENT LLC Company Number: 10330
Address: 412 W PLATTE AVE
City: FT MORGAN State: CO Zip: 80701

LOCATION - Location ID: 317079

Location Name: TRAVIS-63S51W Number: 14NENW County: WASHINGTON
Qtrqtr: NENW Sec: 14 Twp: 3S Range: 51W Meridian: 6
Latitude: 39.799113 Longitude: -103.058765

FACILITY - API Number: 05-121-00 Facility ID: 235961

Facility Name: TRAVIS Number: 1
Qtrqtr: NENW Sec: 14 Twp: 3S Range: 51W Meridian: 6
Latitude: 39.799113 Longitude: -103.058765

CORRECTIVE ACTIONS:

1 CA# 135616

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.
For localized stained soils or oily waste - Properly dispose of oily waste in accordance with 907.e.

Date: 01/10/2020

Response: CA COMPLETED Date of Completion: 01/02/2020

Everything has been tightened up and cleaned up.

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: Jim Chisholm Signed: _____

Title: Manager / Member Date: 1/2/2020 3:04:52 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> |
|------------------------|------------------------------------|
| 402276390 | Photos of leak repairs and cleanup |

Total Attach: 1 Files