

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:  
402276922

Date Received:  
01/03/2020

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: 688306575  
Inspection Date: 12/22/2019 FIR Submit Date: 12/23/2019 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: 317137

Location Name: KINCHELOE-63S51W Number: 11SESW County: WASHINGTON  
Qtrqtr: SESW Sec: 11 Twp: 3S Range: 51W Meridian: 6  
Latitude: 39.802739 Longitude: -103.061287

FACILITY - API Number: 05-121-00 Facility ID: 236712

Facility Name: KINCHELOE Number: 1  
Qtrqtr: SESW Sec: 11 Twp: 3S Range: 51W Meridian: 6  
Latitude: 39.802739 Longitude: -103.061287

CORRECTIVE ACTIONS:

1 CA# 135501

Corrective Action: Report spill or release of E&P waste or produced fluids Remove free fluids and contact COGCC EPS staff per Rule 906.b. 24 hours to remove free fluids. Twenty-four hours for notification and 72 hours for Initial Form 19 Report.

Date: 12/25/2019

Response: CA COMPLETED Date of Completion: 12/23/2019

Operator Comment: All free fluids removed with 24 hours and Form 19 was filed within 72 hours. We have been in contact with Rob Young (COGCC).

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: 1/3/2020 11:08:10 AM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

<b><u>Document Number</u></b>	<b><u>Description</u></b>

Total Attach: 0 Files