

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:

402247496

Date Received:

12/06/2019

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: 10261

Name of Operator: BAYSWATER EXPLORATION & PRODUCTION LLC

Address: 730 17TH ST STE 500

City: DENVER State: CO Zip: 80202

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Tyler Greenly

7206657830

tgreenly@bayswater.us

wellinspections@bayswater.us

Pesicka, Conor

conor.pesicka@state.co.us

COGCC INSPECTION SUMMARY:

FIR Document Number: 679601918

Inspection Date: 11/15/2019

FIR Submit Date: 11/15/2019

FIR Status: _____

Inspected Operator Information:

Company Name: BAYSWATER EXPLORATION & PRODUCTION LLC

Company Number: 10261

Address: 730 17TH ST STE 500

City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 310387

Location Name: CABALA RANCH & EXPLORATION-67N67W Number: 24NWSE County: WELD

Qtrqr: NWSE Sec: 24 Twp: 7N Range: 67W Meridian: 6

Latitude: 40.557620 Longitude: -104.839460

FACILITY - API Number: 05-123- -00 Facility ID: 292415

Facility Name: CABALA RANCH & EXPLORATION Number: 24-42

Qtrqr: NWSE Sec: 24 Twp: 7N Range: 67W Meridian: 6

Latitude: 40.557620 Longitude: -104.839460

CORRECTIVE ACTIONS:

1 ☒ CA# 134623

Corrective Action: Comply with Rule 603.f.

Date: 12/15/2019

Response: CA COMPLETED

Date of Completion: 12/05/2019

DCP removed unused meter house

Operator
Comment:

COGCC Decision: Approved

COGCC
Representative:

2 ☒ CA# 134624

Corrective Action: Install sign to comply with 210.b.

Date: 12/15/2019

Response: CA COMPLETED

Date of Completion: 11/20/2019

Operator
Comment:

Ordered new wellhead sign 11/18/2019, installed new wellhead sign 11/20/2019

COGCC Decision: Approved

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: Tyler Greenly

Signed: _____

Title: Superintendent

Date: 12/6/2019 7:38:25 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>
402247496	FIR RESOLUTION SUBMITTED
402250138	New wellhead sign

Total Attach: 2 Files