

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:
402387432

Date Received:
05/01/2020

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: 39560 Contact Name and Telephone:
Name of Operator: TOP OPERATING COMPANY Name: _____
Address: 3609 S WADSWORTH BLVD STE 340 Phone: () _____ Fax: () _____
City: LAKEWOOD State: CO Zip: 80235 Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Paul</u>	<u>Herring</u>	<u>paul.herring@topoperating.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 694400298
Inspection Date: 04/22/2020 FIR Submit Date: 04/22/2020 FIR Status: _____

Inspected Operator Information:

Company Name: TOP OPERATING COMPANY Company Number: 39560
Address: 3609 S WADSWORTH BLVD STE 340
City: LAKEWOOD State: CO Zip: 80235

LOCATION - Location ID: 319067

Location Name: STAMP-63N68W Number: 31NENW County: WELD
Qtrqr: NENW Sec: 31 Twp: 3N Range: 68W Meridian: 6
Latitude: 40.186450 Longitude: -105.048090

FACILITY - API Number: 05-123- -00 Facility ID: 242824

Facility Name: STAMP Number: 31-2C
Qtrqr: NENW Sec: 31 Twp: 3N Range: 68W Meridian: 6
Latitude: 40.186450 Longitude: -105.048090

CORRECTIVE ACTIIONS:

1 CA# 138236

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. Date: 05/22/2020

Response: CA COMPLETED Date of Completion: 04/30/2020

Operator Comment: All valves, pipes and fittings are in good mechanical condition. They are AVO inspected weekly. A FLIR inspection will be completed in May as part of the required inspection for CDPHE.

Although not included in this corrective action, the tank has been cleaned and the limited stained soil around the tank has been cleaned. See pictures attached.

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: Paul Herring

Signed: _____

Title: Landman

Date: 5/1/2020 11:25:31 AM

ATTACHMENT LIST

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

Document Number	Description
402387484	Stamp picture
402387487	Stamp picture
402387490	Stamp picture
402387493	Stamp picture
402387495	Stamp picture
402387497	Stamp picture

Total Attach: 6 Files