

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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Document Number:
402402024

Date Received:
05/19/2020

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: 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: 688307817
Inspection Date: 05/07/2020 FIR Submit Date: 05/09/2020 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
Qtrqr: 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
Qtrqr: SESW Sec: 11 Twp: 3S Range: 51W Meridian: 6
Latitude: 39.802739 Longitude: -103.061287

CORRECTIVE ACTIIONS:

1 CA# 138897

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: 05/18/2020

Operator Comment: Replaced leaking flow line valve.

COGCC Decision: _____

COGCC
Representative:

2 CA# 138899

Corrective Action: Install BMP and/or discuss with landowner the bare areas left in the field from the 12/2019 spill.

Date: 05/22/2020

Response: CA COMPLETED

Date of Completion: 05/18/2020

Operator
Comment:

Landowner will just plow field after crops are out. All soil samples tested good.

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: 5/19/2020 2:23:08 PM

ATTACHMENT LIST

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

Document Number **Description**

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

Total Attach: 0 Files