

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:  
402417046

Date Received:  
06/09/2020

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: 10531

Name of Operator: GRIZZLY OPERATING LLC

Address: 5847 SAN FELIPE #3000

City: HOUSTON State: TX Zip: 77057

Contact Name and Telephone:

Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Additional Operator Contact:

Contact Name

Phone

Email

.Grizzly

sghan@grizzlyenergyllc.com

.Grizzly

aaxelson@grizzlyenergyllc.com

.Grizzly

scollett@grizzlyenergyllc.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 700700699

Inspection Date: 05/14/2020

FIR Submit Date: 05/14/2020

FIR Status: \_\_\_\_\_

Inspected Operator Information:

Company Name: GRIZZLY OPERATING LLC

Company Number: 10531

Address: 5847 SAN FELIPE #3000

City: HOUSTON State: TX Zip: 77057

LOCATION - Location ID: 335001

Location Name: CIRCLE B LAND-66S92W Number: 35SWNW County: \_\_\_\_\_

Qtrqr: SWN Sec: 35 Twp: 6S Range: 92W Meridian: 6

W

Latitude: 39.486643 Longitude: -107.639774

FACILITY - API Number: 05-045- -00 Facility ID: 335001

Facility Name: CIRCLE B LAND-66S92W Number: 35SWNW

Qtrqr: SWN Sec: 35 Twp: 6S Range: 92W Meridian: 6

W

Latitude: 39.486643 Longitude: -107.639774

CORRECTIVE ACTIONS:

1 CA# 139039

Corrective Action: mark or remove dead men

Date: 05/28/2020

Response: CA COMPLETED

Date of Completion: 05/27/2020

Removed dead men

Operator \_\_\_\_\_  
Comment: \_\_\_\_\_

COGCC Decision: \_\_\_\_\_

COGCC Representative: \_\_\_\_\_

**2** CA# 139040

Corrective Action: evacuate fluids to allow 110% containment Date: 05/28/2020

Response: CA COMPLETED Date of Completion: 05/16/2020

Operator Comment: Containment emptied

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: Aaron Axelson Signed: \_\_\_\_\_

Title: Sr. Production Foreman Date: 6/9/2020 2:08:54 PM

**ATTACHMENT LIST**

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

<b><u>Document Number</u></b>	<b><u>Description</u></b>
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Total Attach: 0 Files