

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
<u>.Grizzly</u>		<u>sghan@grizzlyenergyllc.com</u>
<u>.Grizzly</u>		<u>aaxelson@grizzlyenergyllc.com</u>
<u>.Grizzly</u>		<u>scollett@grizzlyenergyllc.com</u>

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.

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

Total Attach: 0 Files