

State of Colorado
Oil and Gas Conservation Commission

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Document Number:
402440307

Date Received:
07/09/2020

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 3 CAs from the FIR responded to on this Form

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 65110
Name of Operator: O'BRIEN ENERGY RESOURCES CORP
Address: 18 CONGRESS ST STE 207
City: PORTSMOUTH State: NH Zip: 03801

Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Forma, Joe</u>	<u>603-944-8253</u>	<u>JOEFORMA@OBENERGY.COM</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 696301968
Inspection Date: 06/22/2020 FIR Submit Date: 06/22/2020 FIR Status: _____

Inspected Operator Information:

Company Name: O'BRIEN ENERGY RESOURCES CORP Company Number: 65110
Address: 18 CONGRESS ST STE 207
City: PORTSMOUTH State: NH Zip: 03801

LOCATION - Location ID: 332047

Location Name: LOST CREEK-63N62W Number: 21SWNW County: WELD
Qtrqr: SWN Sec: 21 Twp: 3N Range: 62W Meridian: 6
W
Latitude: 40.213010 Longitude: -104.335630

FACILITY - API Number: 05-123-00 Facility ID: 269876

Facility Name: LOST CREEK Number: 14
Qtrqr: SWN Sec: 21 Twp: 3N Range: 62W Meridian: 6
W
Latitude: 40.213010 Longitude: -104.335630

CORRECTIVE ACTIONS:

2 CA# 139904

Corrective Action: For localized stained soils or oily waste - "Properly dispose of oily waste in accordance with 907.e." Date: 07/08/2020

Response: CA COMPLETED Date of Completion: 07/01/2020

Operator Comment: Please be advised that all corrective actions have been completed in accordance with FIR # 696301968. Site is now ready for follow up inspection.

COGCC Decision: _____

COGCC Representative: _____

3 CA# 139905

Corrective Action: Comply with Rule 603.f.

Date: 07/08/2020

Response: CA COMPLETED

Date of Completion: 07/01/2020

Operator Comment: Please be advised that all corrective actions have been completed in accordance with FIR # 696301968. Site is now ready for follow up inspection.

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: JOSEPH FORMA

Signed: _____

Title: PRESIDENT

Date: 7/9/2020 9:33:48 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>

Total Attach: 0 Files