

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:

402442936

Date Received:

07/14/2020

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: 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

Forma, Joe

603-944-8253

JOEFORMA@OBENERGY.COM

COGCC INSPECTION SUMMARY:

FIR Document Number: 696301998

Inspection Date: 06/29/2020

FIR Submit Date: 06/29/2020

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: 330855

Location Name: LOST CREEK-63N62W Number: 20NWSW County: WELD

Qtrqr: NWS Sec: 20 Twp: 3N Range: 62W Meridian: 6  
W

Latitude: 40.208180 Longitude: -104.354560

FACILITY - API Number: 05-123- -00 Facility ID: 89471

Facility Name: LOST CREEK Number: 1

Qtrqr: NWS Sec: 20 Twp: 3N Range: 62W Meridian: 6  
W

Latitude: 40.208180 Longitude: -104.354560

CORRECTIVE ACTIONS:

1 CA# 140073

Corrective Action: Submit Form 6-Sunsequent Report of Abandonment to Engineering

Date: 07/31/2020

Response: CA COMPLETED

Date of Completion: 02/21/2020

Operator Comment: Please be advised that all corrective actions have been completed in accordance with FIR #696301998. Please be advised that the Form-6 subsequent report document#402319160 was orianly filed accordingly on 02/21/2020. This report was then returned to draft and re-submitted on 06/11/2020 due to a request for additional information. The current status is pending.

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: 7/14/2020 11:47:27 AM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

402442965	Form 6 Subsequent report
-----------	--------------------------

Total Attach: 1 Files