

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:
402471176

Date Received:
08/19/2020

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

Chisholm, Jim

405-642-9437

investmentequipment@gmail.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 688308355

Inspection Date: 08/12/2020

FIR Submit Date: 08/14/2020

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: 316944

Location Name: DAVIS W T-63S51W Number: 30SWNE County: WASHINGTON

Qtrqr: SWNE Sec: 30 Twp: 3S Range: 51W Meridian: 6

Latitude: 39.765504 Longitude: -103.130590

FACILITY - API Number: 05-121-

-00

Facility ID: 233377

Facility Name: DAVIS W T

Number: 1

Qtrqr: SWNE Sec: 30 Twp: 3S Range: 51W Meridian: 6

Latitude: 39.765504 Longitude: -103.130590

CORRECTIVE ACTIONS:

1 CA# 141231

Corrective Action: Comply with Rule 603.f .

Date: 08/21/2020

Response: CA COMPLETED

Date of Completion: 08/18/2020

Operator
Comment:

Weeds on location mowed and sprayed.

COGCC Decision: _____

COGCC
Representative:

2 CA# 141232

Corrective Action: Install or repair wildlife protection equipment. Prevent any unauthorized discharge (specify condition if it is E&P waste, improper disposal, trash, etc.)

Date: 08/28/2020

Response: CA COMPLETED

Date of Completion: 08/18/2020

Operator
Comment: Replaced lid to valve box cover.

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: 8/19/2020 1:53:24 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>
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Total Attach: 0 Files