

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:
402473788
Date Received:
08/24/2020

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: 10351
Name of Operator: WAPITI OPERATING LLC
Address: 1310 W SAM HOUSTON PKWY N
City: HOUSTON State: TX Zip: 77043
Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Berry, Matthew</u>	<u>575-445-6785/505-652-8275</u>	<u>mberry@wapitienergy.com</u>
<u>Madison, Randy</u>	<u>575-445-6706/575-420-1120</u>	<u>rmadison@wapitienergy.com</u>
<u>Mattorano, Michael</u>	<u>575-445-6704/505-652-0416</u>	<u>mmattorano@wapitienergy.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 695103170
Inspection Date: 08/18/2020 FIR Submit Date: 08/18/2020 FIR Status: _____

Inspected Operator Information:

Company Name: WAPITI OPERATING LLC Company Number: 10351
Address: 1310 W SAM HOUSTON PKWY N
City: HOUSTON State: TX Zip: 77043

LOCATION - Location ID: 309423

Location Name: VPR C-635S66W Number: 16SWSE County: LAS ANIMAS
Qtrqtr: SWSE Sec: 16 Twp: 35S Range: 66W Meridian: 6
Latitude: 36.995200 Longitude: -104.783710

FACILITY - API Number: 05-071-00 Facility ID: 294889

Facility Name: VPR C Number: 203
Qtrqtr: SWSE Sec: 16 Twp: 35S Range: 66W Meridian: 6
Latitude: 36.995200 Longitude: -104.783710

CORRECTIVE ACTION:

1 CA# 141326

Corrective Action: PROVIDE AREA FIELD INSPECTOR (@ tombeardslee@state.co.us) A COPY OF THE GAS METER CALIBRATION RECORD OR KEEP A COPY OF LAST CALIBRATION RECORD ON LOCATION.

Date: 09/18/2020

Response: CA COMPLETED Date of Completion: 08/24/2020

Please find attached a copy of the 2020 Gas Meter Calibration.

Operator
Comment:

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: Randy L. Madison

Signed:

Title: HSE Specialist

Date: 8/24/2020 1:33:39 PM

ATTACHMENT LIST

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

Document Number **Description**

402473791	Meter Calibration Report
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Total Attach: 1 Files