

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:  
402473974

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>Madison, Randy</u>	<u>575-445-6706/575-420-1120</u>	<u>rmadison@wapitienergy.com</u>
<u>Berry, Matthew</u>	<u>575-445-6785/505-652-8275</u>	<u>mberry@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: 695103164

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: 307767

Location Name: VPR C-635S66W Number: 17NESE County: LAS ANIMAS

Qtrqr: NESE Sec: 17 Twp: 35S Range: 66W Meridian: 6

Latitude: 36.996480 Longitude: -104.797760

FACILITY - API Number: 05-071-00 Facility ID: 256742

Facility Name: VPR C Number: 27

Qtrqr: NESE Sec: 17 Twp: 35S Range: 66W Meridian: 6

Latitude: 36.996480 Longitude: -104.797760

CORRECTIVE ACTIONS:

1 CA# 141319

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

See attached Calibration/Meter Inspection report.

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 2:57:34 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

402473978	Caibration/Meter Inspection Report
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Total Attach: 1 Files