

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:
402473980

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>Mattorano, Michael</u>	<u>575-445-6704/505-652-0416</u>	<u>mmattorano@wapitienergy.com</u>
<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>

COGCC INSPECTION SUMMARY:

FIR Document Number: 695103174

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: 308212

Location Name: VPR C-635S66W Number: 15NWSW County: LAS ANIMAS

Qtrqtr: NWS Sec: 15 Twp: 35S Range: 66W Meridian: 6
W

Latitude: 36.995670 Longitude: -104.772760

FACILITY - API Number: 05-071-00 Facility ID: 264075

Facility Name: VPR C Number: 43

Qtrqtr: NWS Sec: 15 Twp: 35S Range: 66W Meridian: 6
W

Latitude: 36.995670 Longitude: -104.772760

CORRECTIVE ACTIONS:

1 CA# 141328

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

Operator Comment: See attached Meter/Calibration 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: Randy L. Madison

Signed: _____

Title: HSE Specialist

Date: 8/24/2020 3:00:46 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>
402473982	Calibration/Meter Inspection

Total Attach: 1 Files