

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
<u>Forma, Joe</u>	<u>603-944-8253</u>	<u>JOEFORMA@OBENERGY.COM</u>

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 orianially 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: Approved

COGCC Representative: Approved

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
402442936	FIR RESOLUTION SUBMITTED
402442965	Form 6 Subsequent report

Total Attach: 2 Files