

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:
402604194

Date Received:
02/21/2021

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: 96340
Name of Operator: WIEPKING-FULLERTON ENERGY LLC
Address: 106 GLENMOOR LN
City: ENGLEWOOD State: CO Zip: 80113
Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Boone, Linda</u>	<u>(720) 271-8605</u>	<u>LDBoonePar@aol.com</u>
<u>Halde, Kerry</u>	<u>(719) 340-0329</u>	<u>haldeoil@hotmail.com</u>
<u>Shalberg, Greg</u>	<u>(719) 688-3547</u>	<u>gregshalberg@aol.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 688309721
Inspection Date: 02/16/2021 FIR Submit Date: 02/18/2021 FIR Status: _____

Inspected Operator Information:

Company Name: WIEPKING-FULLERTON ENERGY LLC Company Number: 96340
Address: 106 GLENMOOR LN
City: ENGLEWOOD State: CO Zip: 80113

LOCATION - Location ID: 430215

Location Name: Raptor Number: 2 County: LINCOLN
Qtrqr: NESE Sec: 18 Twp: 10S Range: 55W Meridian: 6
Latitude: 39.176790 Longitude: -103.586900

FACILITY - API Number: 05-073- -00 Facility ID: 430216

Facility Name: Raptor Number: 2
Qtrqr: NESE Sec: 18 Twp: 10S Range: 55W Meridian: 6
Latitude: 39.176790 Longitude: -103.586900

CORRECTIVE ACTIONS:

1 CA# 146691

Corrective Action: 608e. Mechanical Conditions. All Production Facilities, valves, pipes, fittings, and vessels will be securely fastened or sealed, inspected at regular intervals, and maintained in good mechanical condition. All equipment will be engineered, operated, and maintained within the manufacturer's recommended specifications.

Date: 03/19/2021

Response: CA COMPLETED Date of Completion: 02/17/2021

Stuffing Box leak repaired.

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: Linda Boone

Signed:

Title: Agent

Date: 2/21/2021 4:06:46 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>
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Total Attach: 0 Files