

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:

402604221

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>Shalberg, Greg</u>	<u>(719) 688-3547</u>	<u>gregshalberg@aol.com</u>
<u>Halde, Kerry</u>	<u>(719) 340-0329</u>	<u>haldeoil@hotmail.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

The stuffing box leak has been 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 4:11:13 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

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Total Attach: 0 Files