

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:
402533513

Date Received:
11/16/2020

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10531

Name of Operator: GRIZZLY OPERATING LLC

Address: 5847 SAN FELIPE #3000

City: HOUSTON State: TX Zip: 77057

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

.Grizzly

sghan@grizzlyenergyllc.com

.Grizzly

aaxelson@grizzlyenergyllc.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 700701842

Inspection Date: 11/06/2020

FIR Submit Date: 11/06/2020

FIR Status: _____

Inspected Operator Information:

Company Name: GRIZZLY OPERATING LLC

Company Number: 10531

Address: 5847 SAN FELIPE #3000

City: HOUSTON State: TX Zip: 77057

LOCATION - Location ID: 323932

Location Name: LEGG-66S92W Number: 26NWNE County: _____

Qtrqtr: NWNE Sec: 26 Twp: 6S Range: 92W Meridian: 6

Latitude: 39.503481 Longitude: -107.633732

FACILITY - API Number: 05-045- -00 Facility ID: 323932

Facility Name: LEGG-66S92W Number: 26NWNE

Qtrqtr: NWNE Sec: 26 Twp: 6S Range: 92W Meridian: 6

Latitude: 39.503481 Longitude: -107.633732

CORRECTIVE ACTIONS:

1 ☒ CA# 144238

Corrective Action: remove debris

Date: 11/27/2020

Response: CA COMPLETED

Date of Completion: 11/11/2020

Operator Comment: Picked up 1 fence panel on location

COGCC Decision: Approved pending re-inspection

COGCC Representative:	
2	<input checked="" type="checkbox"/> CA# 144239
Corrective Action:	Repair all BMP's Date: 11/27/2020
Response:	CA COMPLETED Date of Completion: 11/12/2020
Operator Comment:	Racked and seeded bare ground spot.
COGCC Decision:	Approved pending re-inspection
COGCC Representative:	

<u>OPERATOR COMMENT AND SUBMITTAL</u>	
Comment:	
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.	
Print Name: Aaron Axelson	Signed: _____
Title: Superintendent	Date: 11/16/2020 1:11:52 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>
402533513	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files