

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:
402659744

Date Received:
04/15/2021

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: 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

MADISON RANDY

575-445-6706

rmadison@wapitienergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 690201404

Inspection Date: 04/12/2021

FIR Submit Date: 04/13/2021

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: 307697

Location Name: VPR C-635S66W Number: 5SENE County: LAS ANIMAS

Qtrqr: SENE Sec: 5 Twp: 35S Range: 66W Meridian: 6

Latitude: 37.028410 Longitude: -104.795020

FACILITY - API Number: 05-071- -00 Facility ID: 89235

Facility Name: VPR C Number: 4

Qtrqr: SENE Sec: 5 Twp: 35S Range: 66W Meridian: 6

Latitude: 37.028410 Longitude: -104.795020

CORRECTIVE ACTIONS:

1 CA# 149407

Corrective Action: Control and contain spills/releases and clean up per Rule 912..
Securely fasten all valves, pipes, and fittings to ensure good mechanical condition,
inspect
at regular intervals and maintain in good mechanical condition per Rule 608..

Date: 04/15/2021

Response: CA COMPLETED

Date of Completion: 04/15/2021

Operator Comment: Stuffing box packings tightened and stain cleaned up.

COGCC Decision: _____

COGCC
Representative:

2 CA# 149408

Corrective Action: Install or repair required BMPs per Rule 1002.f.(2)C

Date: 05/14/2021

Response: CA COMPLETED

Date of Completion: 04/15/2021

Operator
Comment:

N/A

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action #1 that needs to be submitted by today is complete. I will submit an updated report when the erosion has been taken care of. You have to respond to both corrective actions or the form will not validate so you can send it.

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: 4/15/2021 11:48:01 AM

ATTACHMENT LIST

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

Document Number **Description**

| | |
|-----------|------------------|
| 402659751 | Photo of Repairs |
|-----------|------------------|

Total Attach: 1 Files