

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:  
402725210

Date Received:  
06/21/2021

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 3 CAs from the FIR responded to on this Form

1 CA Completed  
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 96155  
Name of Operator: WHITING OIL & GAS CORPORATION  
Address: 1700 LINCOLN STREET SUITE 4700  
City: DENVER State: CO Zip: 80290

Contact Name and Telephone:  
Name: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_

Additional Operator Contact:

Contact Name	Phone	Email
<u>Heil, John</u>		<u>john.heil@state.co.us</u>
<u>CO, Western</u>	<u>303-876-7091</u>	<u>whitingwesternco@whiting.com</u>
<u>Kellerby, Shaun</u>		<u>shaun.kellerby@state.co.us</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 701101608  
Inspection Date: 06/16/2021 FIR Submit Date: 06/17/2021 FIR Status: \_\_\_\_\_

Inspected Operator Information:

Company Name: WHITING OIL & GAS CORPORATION Company Number: 96155  
Address: 1700 LINCOLN STREET SUITE 4700  
City: DENVER State: CO Zip: 80290

LOCATION - Location ID: 315155

Location Name: HILL-61N101W Number: 6SENW County: \_\_\_\_\_  
Qtrqr: SENW Sec: 6 Twp: 1N Range: 101W Meridian: 6  
Latitude: 40.086770 Longitude: -108.774460

FACILITY - API Number: 05-103-00 Facility ID: 315155

Facility Name: HILL-61N101W Number: 6SENW  
Qtrqr: SENW Sec: 6 Twp: 1N Range: 101W Meridian: 6  
Latitude: 40.086770 Longitude: -108.774460

CORRECTIVE ACTIONS:

1 CA# 151962

Corrective Action: Report spill or release of E&P waste or produced fluids Remove free fluids and contact COGCC EPS staff per Rule 912.b.

Date: 06/18/2021

Response: CA COMPLETED

Date of Completion: 06/18/2021

Free fluids removed from cellar, a report was submitted, and COGCC staff was contacted.

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: Bryce Maifeld Signed: \_\_\_\_\_

Title: Regulatory Specialist Date: 6/21/2021 10:28:25 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

<b><u>Document Number</u></b>	<b><u>Description</u></b>

Total Attach: 0 Files