

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:  
402876875

Date Received:  
11/19/2021

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 Contact Name and Telephone:  
Name of Operator: WIEPKING-FULLERTON ENERGY LLC Name: \_\_\_\_\_  
Address: 106 GLENMOOR LN Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
City: ENGLEWOOD State: CO Zip: 80113 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: 688311353  
Inspection Date: 10/12/2021 FIR Submit Date: 10/21/2021 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: 418250

Location Name: KERRY Number: 1 County: LINCOLN  
Qtrqr: NWS Sec: 20 Twp: 10S Range: 55W Meridian: 6  
W  
Latitude: 39.162310 Longitude: -103.582340

FACILITY - API Number: 05-073-00 Facility ID: 418254

Facility Name: Kerry Number: 1  
Qtrqr: NWS Sec: 20 Twp: 10S Range: 55W Meridian: 6  
W  
Latitude: 39.162310 Longitude: -103.582340

CORRECTIVE ACTIONS:

**1**  CA# 157034

Corrective Action: Securely fasten all valves, pipes, fittings, and Production Facilities to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 608.e.

Date: 11/22/2021

Response: CA COMPLETED

Date of Completion: 11/05/2021

Operator Comment: Valves replaced

COGCC Decision: Approved via an AMI

COGCC Representative: Will reinspect today 12/1/2021

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: 11/19/2021 5:50:41 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

402876875	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files