

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:

402837177

Date Received:

10/11/2021

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: 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

CO, Eastern

WhitingEasternCO@Whiting.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 693700879

Inspection Date: 10/01/2021

FIR Submit Date: 10/05/2021

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: 444471

Location Name: Razor Number: 25P Pad County: \_\_\_\_\_

Qtrqr: SESE Sec: 25 Twp: 10N Range: 58W Meridian: 6

Latitude: 40.803506 Longitude: -103.805539

FACILITY - API Number: 05-123-00 Facility ID: 444471

Facility Name: Razor Number: 25P Pad

Qtrqr: SESE Sec: 25 Twp: 10N Range: 58W Meridian: 6

Latitude: 40.803506 Longitude: -103.805539

CORRECTIVE ACTIONS:

1 ☒ CA# 156457

Corrective Action: Submit form 19 Supplemental with root cause/correction action for Spill and soil sample data supporting a closure request, or submit a Form 27 with proposal and timeline for further investigation and remediation.

Date: 10/03/2021

Response: CA COMPLETED

Date of Completion: 10/06/2021

Operator Comment: A form 19 Supplemental has been submitted (Document Number: 402832643).

COGCC Decision: **Not Approved**

COGCC  
Representative:

Form 19 closure request was not approved and spill remains unresolved.

**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: 10/11/2021 11:09:12 AM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

402837177	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files