

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:

402946745

Date Received:

02/03/2022

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: 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
<u>Mattorano, Michael</u>	<u>575-445-6704/505-652-0416</u>	<u>mmattorano@wapitienergy.com</u>
<u>Middlebrook, Sonny</u>	<u>575-445-6724/575-445-8610</u>	<u>smiddlebrook@wapitienergy.com</u>
<u>Berry, Matthew</u>	<u>575-445-6785/505-652-8275</u>	<u>mberry@wapitienergy.com</u>
<u>Madison, Randy</u>	<u>575-445-6706/575-420-1120</u>	<u>rmadison@wapitienergy.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 695105625

Inspection Date: 01/31/2022

FIR Submit Date: 01/31/2022

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: 307698

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

Qtrqtr: SWSE Sec: 5 Twp: 35S Range: 66W Meridian: 6

Latitude: 37.021230 Longitude: -104.799690

FACILITY - API Number: 05-071- -00 Facility ID: 89236

Facility Name: VPR C Number: 6

Qtrqtr: SWSE Sec: 5 Twp: 35S Range: 66W Meridian: 6

Latitude: 37.021230 Longitude: -104.799690

CORRECTIVE ACTIONS:

1 ☒ CA# 159441

Corrective Action: Provide COGCC with documentation showing approval of use of vacuum pump.

Date: 02/11/2022

Response: CA COMPLETED

Date of Completion: 02/03/2022

There was an error in the stationary mounted meter. A gauge was connected at the Wellhead showing 1 psi plus. This well is not on a vacuum therefore not requiring a variance. See attached photos

Operator _____
Comment: _____

COGCC Decision: Approved via an AMI

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: Randy L Madison Signed: _____

Title: HSE & Reg. Specialist, Sr Date: 2/3/2022 1:44:44 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>
402946745	FIR RESOLUTION SUBMITTED
402946756	C-6 Photo
402946757	C-6 Photo

Total Attach: 3 Files