

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:  
403024938

Date Received:  
04/22/2022

FIR RESOLUTION FORM

Overall Status:

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: 10679

Name of Operator: LOGOS OPERATING LLC

Address: 2010 AFTON PLACE

City: FARMINGTON State: NM Zip: 87401

Contact Name and Telephone:

Name: \_\_\_\_\_

Phone: ( ) Fax: ( )

Email: \_\_\_\_\_

Additional Operator Contact:

Contact Name

Phone

Email

Vanessa Fields

505-320-1243

vfields@logosresourcesllc.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 693904163

Inspection Date: 01/27/2022

FIR Submit Date: 01/28/2022

FIR Status: \_\_\_\_\_

Inspected Operator Information:

Company Name: LOGOS OPERATING LLC

Company Number: 10679

Address: 2010 AFTON PLACE

City: FARMINGTON State: NM Zip: 87401

LOCATION - Location ID: 326593

Location Name: BONDAD 33-10-N33N10W Number: 11NWNE County: LA PLATA

Qtrqr: NWNE Sec: 11 Twp: 33N Range: 10W Meridian: N

Latitude: 37.121690 Longitude: -107.901720

FACILITY - API Number: 05-067-00 Facility ID: 258550

Facility Name: BONDAD 33-10 Number: 5A

Qtrqr: NWNE Sec: 11 Twp: 33N Range: 10W Meridian: N

Latitude: 37.121690 Longitude: -107.901720

CORRECTIVE ACTIONS:

1 CA# 159415

Corrective Action: -Stormwater controls need to be installed to stabilize the southern diversion, erosional channeling on the well pad, and along the access road, especially at the culvert outlet near the well pad entrance. Stormwater controls need to be selected, sized, installed, monitored, and maintained according to good engineering practices. Corrective action is backdated to original corrective action date of 4/11/2021 to document duration of non-compliance.

Date: 04/11/2021

Response: CA COMPLETED

Date of Completion: 04/15/2022

See referenced photos demonstrating compliance

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: Vanessa Fields

Signed:

Title: Regulatory Manager

Date: 4/22/2022 2:28:00 PM

## ATTACHMENT LIST

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

Document Number	Description
403024965	photo
403024966	photo
403024968	photo
403024970	photo
403024973	photo
403024974	photo
403024976	photo
403024977	photo
403024979	photo
403024980	photo
403024981	photo
403024984	photo
403024985	photo
403024986	photo
403024987	photo

Total Attach: 15 Files