

State of Colorado
Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:
403079269

Date Received:
06/15/2022

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 56680
Name of Operator: MERRION OIL & GAS CORP
Address: 610 REILLY AVENUE
City: FARMINGTON State: NM Zip: 87401

Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Thompson, Philana</u>		<u>pthompson@merrion.bz</u>
<u>Labowskie, Steve</u>		<u>steve.labowskie@state.co.us</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 702500045
Inspection Date: 05/17/2022 FIR Submit Date: 05/18/2022 FIR Status: _____

Inspected Operator Information:

Company Name: MERRION OIL & GAS CORP Company Number: 56680
Address: 610 REILLY AVENUE
City: FARMINGTON State: NM Zip: 87401

LOCATION - Location ID: 333388

Location Name: B E BEHRMANN-N33N7W Number: 15NWSE County: LA PLATA
Qtrqtr: NWSE Sec: 15 Twp: 33N Range: 7W Meridian: N
Latitude: 37.101040 Longitude: -107.592490

FACILITY - API Number: 05-067-00 Facility ID: 214096

Facility Name: B E BEHRMANN Number: 1
Qtrqtr: NWSE Sec: 15 Twp: 33N Range: 7W Meridian: N
Latitude: 37.101040 Longitude: -107.592490

CORRECTIVE ACTIONS:

1 CA# 162046

Corrective Action: Confirm adequate berm height. Raise and maintain berm if necessary per rule 912.d(1) Date: 06/09/2022

Response: CA COMPLETED Date of Completion: 06/08/2022

Operator Comment: Repaired Berms per regulation

COGCC Decision: Approved pending re-inspection

COGCC Representative: Approved pending reinspection

2 CA# 162047

Corrective Action: Remove or update sign per rule 605.

Date: 07/20/2022

Response: CA COMPLETED

Date of Completion: 06/09/2022

Operator Comment: Label was replaced with the correct placard

COGCC Decision: Approved pending re-inspection

COGCC Representative: Approved pending reinspection

OPERATOR COMMENT AND SUBMITTAL

Comment: All corrective actions addressed

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Philana Thompson

Signed:

Title: HSE & Regulatory Complian

Date: 6/15/2022 8:35:29 AM

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>
403079269	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files