

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:

403076191

Date Received:

06/12/2022

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: 59925

Name of Operator: MONUMENT GAS MARKETING INC

Address: P O BOX 950

City: MONUMENT State: CO Zip: 80132-0950

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Campbell, Randy

(719) 660-0069

rcampbell0614@comcast.net

Burn, Diana

diana.burn@state.co.us

COGCC INSPECTION SUMMARY:

FIR Document Number: 693600597

Inspection Date: 05/11/2022

FIR Submit Date: 05/23/2022

FIR Status: _____

Inspected Operator Information:

Company Name: MONUMENT GAS MARKETING INC

Company Number: 59925

Address: P O BOX 950

City: MONUMENT State: CO Zip: 80132-0950

LOCATION - Location ID: 321959

Location Name: GLADYS COTRELL TRUST-616S46W Number: 2NESW County: CHEYENNE

Qtrqr: NESW Sec: 2 Twp: 16S Range: 46W Meridian: 6

Latitude: 38.691990 Longitude: -102.540540

FACILITY - API Number: 05-017-00 Facility ID: 285920

Facility Name: GLADYS COTRELL TRUST Number: 2

Qtrqr: NESW Sec: 2 Twp: 16S Range: 46W Meridian: 6

Latitude: 38.691990 Longitude: -102.540540

CORRECTIVE ACTIONS:

1 ☒ CA# 162155

Corrective Action: Repair or install berms or other secondary containment devices per Rule 605.a.(4).

Date: 06/23/2022

Response: CA COMPLETED

Date of Completion: 06/08/2022

Operator Comment: Revised Form 7 has also been submitted for this well.

COGCC Decision: Approved

COGCC Representative: Berms have been dressed

2 ☒ CA# 162333

Corrective Action: Contact engineering for directives, Submit reports as per Rule 206.

Date: 06/02/2022

Response: CA COMPLETED

Date of Completion: 06/08/2022

Operator Comment: Completed.

COGCC Decision: Approved

COGCC Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective actions completed.

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

Print Name: Randy Campbell

Signed: _____

Title: President

Date: 6/12/2022 9:25:50 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>
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403076191	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files