

State of Colorado
Oil and Gas Conservation Commission

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Document Number:
403390183

Date Received:
05/01/2023

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 3 CAs from the FIR responded to on this Form

- 1 CA Completed
- 1 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10690 Contact Name and Telephone:
 Name of Operator: IMPETRO RESOURCES LLC Name: _____
 Address: 558 CASTLE PINES PKWY UNIT B-4 Phone: () _____ Fax: () _____
 City: CASTLE PINES State: CO Zip: 80108 Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Bongers, Brent</u>		<u>bbongers@impetroresources.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 708200185
 Inspection Date: 04/20/2023 FIR Submit Date: 04/27/2023 FIR Status: _____

Inspected Operator Information:

Company Name: IMPETRO RESOURCES LLC Company Number: 10690
 Address: 558 CASTLE PINES PKWY UNIT B-4
 City: CASTLE PINES State: CO Zip: 80108

LOCATION - Location ID: 317363

Location Name: CHRISTIANSON-SWD-63S50W Number: 12SWNW County: _____
 Qtrqtr: SWN Sec: 12 Twp: 3S Range: 50W Meridian: 6
W
 Latitude: 39.810680 Longitude: -102.930559

FACILITY - API Number: 05-121-00 Facility ID: 317363

Facility Name: CHRISTIANSON-SWD-63S50W Number: 12SWNW
 Qtrqtr: SWN Sec: 12 Twp: 3S Range: 50W Meridian: 6
W
 Latitude: 39.810680 Longitude: -102.930559

CORRECTIVE ACTIONS:

1 CA# 170255

Corrective Action: Securely fasten all valves, pipes, fittings, and Production Facilities to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 608.e.

Date: 05/12/2023

Response: CA COMPLETED

Date of Completion: 05/01/2023

Operator Comment: _____

COGCC Decision: _____

COGCC Representative: _____

3 CA# 170257

Corrective Action: Perform reclamation in accordance with Rule 1003. Corrective action date is the date the location was observed out of compliance.

Date: 04/20/2023

Response: FACTUAL REVIEW REQUEST

Basis for Review: Corrective action dates are not attainable

Operator Comment: The area in this photo is within our rights to access and operate this location. We performed a recent workover on this well as evidenced by the Form 42 submitted which requires vehicle travel . There is no issue here.

COGCC Decision: _____

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: Brent Bongers Signed: _____

Title: President/COO Date: 5/1/2023 3:04:17 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>

Total Attach: 0 Files