

State of Colorado
Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

403565742

Date Received:

10/19/2023

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: 10690
Name of Operator: IMPETRO RESOURCES LLC

Address: 558 CASTLE PINES PKWY UNIT B-4

City: CASTLE PINES State: CO Zip: 80108

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Bonger, Brent

bbongers@impetroresources.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 688301162

Inspection Date: 02/08/2018

FIR Submit Date: 02/13/2018

FIR Status: _____

Inspected Operator Information:

Company Name: WARD & SON* ALFRED

Company Number: 94300

Address: P O BOX 737

City: OGALLALLA State: NE Zip: 69153

LOCATION - Location ID: 311871

Location Name: STATE B-63S56W Number: 16NWNW County: WASHINGTON

Qtrqr: NWN Sec: 16 Twp: 3S Range: 56W Meridian: 6
W

Latitude: 39.796430 Longitude: -103.665420

FACILITY - API Number: 05-121- -00 Facility ID: 235535

Facility Name: STATE B Number: 10

Qtrqr: NWN Sec: 16 Twp: 3S Range: 56W Meridian: 6
W

Latitude: 39.796430 Longitude: -103.665420

CORRECTIVE ACTIONS:

1 ☒ CA# 114442

Corrective Action: Securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 605.d. Remove and disposed of oily waste.

Date: 02/14/2018

Response: CA COMPLETED

Date of Completion: 02/14/2018

Operator Comment: Based on reinspection done 12/1/2022, Document #706700044, all valves, pipes and fittings are securely fastened to ensure good mechanical condition.

COGCC Decision: Approved

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective actions were completed prior to Impetro acquiring location.

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

Print Name: Amber Barnett

Signed: _____

Title: Compliance Specialist

Date: 10/19/2023 10:29:50 AM

ATTACHMENT LIST

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

Document Number **Description**

403565742	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files