

State of Colorado Energy & Carbon Management Commission



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

Document Number:
403892928

Date Received:
08/19/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:
2 of 2 CAs from the FIR responded to on this Form
2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC Operator Number: 10351
Name of Operator: WAPITI OPERATING LLC
Address: 1251 LUMPKIN RD
City: HOUSTON State: TX Zip: 77043
Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Mattorano, Michael</u>	<u>575-445-6704/505-652-0416</u>	<u>mmattorano@wapitienergy.com</u>
<u>Madison, Randy</u>	<u>575-445-6706/575-420-1120</u>	<u>rmadison@wapitienergy.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 713601104
Inspection Date: 06/10/2024 FIR Submit Date: 06/11/2024 FIR Status: _____

Inspected Operator Information:

Company Name: WAPITI OPERATING LLC Company Number: 10351
Address: 1251 LUMPKIN RD
City: HOUSTON State: TX Zip: 77043

LOCATION - Location ID: 307764

Location Name: VPR C-635S66W Number: 16SENE County: LAS ANIMAS
Qtrqtr: SENE Sec: 16 Twp: 35S Range: 66W Meridian: 6
Latitude: 37.000900 Longitude: -104.779970

FACILITY - API Number: 05-071- -00 Facility ID: 256737

Facility Name: VPR C Number: 30
Qtrqtr: SENE Sec: 16 Twp: 35S Range: 66W Meridian: 6
Latitude: 37.000900 Longitude: -104.779970

CORRECTIVE ACTIONS:

1 CA# 195795

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: 06/18/2024

Response: CA COMPLETED Date of Completion: 08/01/2024

Operator Comment: Guard was repaired. See photo.

ECMC Decision: _____

ECMC
Representative:

2 CA# 195796

Corrective Action: Date: 07/11/2024

Response: CA COMPLETED

Date of Completion: 08/16/2024

Operator
Comment:

ECMC Decision: _____

ECMC
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: Randy L. Madison

Signed: _____

Title: HSE & Reg. Specialist, Sr

Date: 8/19/2024 8:57:10 AM

ATTACHMENT LIST

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

Document Number Description

403892939	Photo #1
403892953	Photo #2

Total Attach: 2 Files