

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:

402062049

Date Received:

06/03/2019

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: 10663

Name of Operator: ENDURING RESOURCES LLC

Address: 1050 17TH STREET SUITE 2500

City: DENVER State: CO Zip: 80265

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Felix, Andrea

afelix@enduringresources.com

Pohl, April

505-444-0520

apohl@enduringresources.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 693900239

Inspection Date: 04/22/2019

FIR Submit Date: 05/02/2019

FIR Status: _____

Inspected Operator Information:

Company Name: ENDURING RESOURCES LLC

Company Number: 10663

Address: 1050 17TH STREET SUITE 2500

City: DENVER State: CO Zip: 80265

LOCATION - Location ID: 326200

Location Name: INDIAN CREEK WHEELER-M34N10W Number: 12SWSE County: LA PLATA

Qtrqr: SWSE Sec: 12 Twp: 34N Range: 10W Meridian: M

Latitude: 37.201295 Longitude: -107.884072

FACILITY - API Number: 05-067-00 Facility ID: 216030

Facility Name: INDIAN CREEK WHEELER Number: 12U-1

Qtrqr: SWSE Sec: 12 Twp: 34N Range: 10W Meridian: M

Latitude: 37.201295 Longitude: -107.884072

CORRECTIVE ACTIONS:

1 CA# 124804

Corrective Action: Stormwater controls need to be installed to stabilize erosion along the access road. Stormwater controls need to be selected and installed using good engineering practices such as those described in the CDOT erosion control manuals. Maintenance is also needed to manage sedimentation.

Date: 05/31/2019

Response: CA COMPLETED

Date of Completion: 05/28/2019

Stormwater controls actions completed. Weeds sprayed.

Operator _____
Comment: _____

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: APRIL E POHL Signed: _____

Title: REGULATORY SPECIALIST Date: 6/3/2019 8:03:45 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>
402062053	Correction actions completed - photos

Total Attach: 1 Files