

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:  
401513022  
Date Received:  
01/19/2018

## FIR RESOLUTION FORM

### CA Summary:

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

1 CA Completed  
0 Factual Review Request

### OPERATOR INFORMATION

OGCC Operator Number: 34725

Name of Operator: GOSNEY & SONS INC

Address: P O BOX 367

City: BAYFIELD State: CO Zip: 81122

Contact Name and Telephone:

Name: \_\_\_\_\_

Phone: ( ) Fax: ( )

Email: \_\_\_\_\_

Additional Operator Contact:

Contact Name

Phone

Email

Barnett, Matt

mattb@gosneyco.com

### COGCC INSPECTION SUMMARY:

FIR Document Number: 680602231

Inspection Date: 10/05/2017

FIR Submit Date: 11/14/2017

FIR Status: \_\_\_\_\_

### Inspected Operator Information:

Company Name: GOSNEY & SONS INC

Company Number: 34725

Address: P O BOX 367

City: BAYFIELD State: CO Zip: 81122

### LOCATION - Location ID: 334029

Location Name: CONLEY-N32N6W Number: 24NENW County: ARCHULETA

Qtrqr: NENW Sec: 24 Twp: 32N Range: 6W Meridian: N

Latitude: 37.007900 Longitude: -107.453850

### FACILITY - API Number: 05-007-00 Facility ID: 295728

Facility Name: CONLEY Number: 6-B

Qtrqr: NENW Sec: 24 Twp: 32N Range: 6W Meridian: N

Latitude: 37.007900 Longitude: -107.453850

### CORRECTIVE ACTIONS:

1 ☒ CA# 110684

Corrective Action: Remove equipment or apply for a surface owner waiver taking responsibility for equipment in the project area and delineating the extent of the project area that will be used by the surface owner. Any debris needs to be removed and properly disposed of.

Date: 01/31/2018

Response: CA COMPLETED

Date of Completion: 01/19/2018

Operator  
Comment:

Operator has provided surface owner waiver via Form 4 Rule 502.b Variance Request. Refer to Document Number 401513018.

COGCC Decision: Approved pending re-inspection

COGCC Representative:	Waiver request is currently under review. Approval of this form is not an approval of waiver, but an acknowledgement that response to corrective action is provided. Final determination of waiver will be provided in response to Form 401513018.
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**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: Matt Barnett

Signed: \_\_\_\_\_

Title: General Manager

Date: 1/19/2018 9:02:37 AM

**ATTACHMENT LIST**

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

<b><u>Document Number</u></b>	<b><u>Description</u></b>
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401513022	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files