

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:

402566692

Date Received:

01/05/2021

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: 10531

Name of Operator: GRIZZLY OPERATING LLC

Address: 5847 SAN FELIPE #3000

City: HOUSTON State: TX Zip: 77057

Contact Name and Telephone:

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

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

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

Additional Operator Contact:

Contact Name

Phone

Email

.Grizzly

aaxelson@grizzlyenergyllc.com

.Grizzly

sghan@grizzlyenergyllc.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 700702004

Inspection Date: 12/10/2020

FIR Submit Date: 12/10/2020

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

Inspected Operator Information:

Company Name: GRIZZLY OPERATING LLC

Company Number: 10531

Address: 5847 SAN FELIPE #3000

City: HOUSTON State: TX Zip: 77057

LOCATION - Location ID: 335081

Location Name: TRANT-66S92W Number: 21SENE County: \_\_\_\_\_

Qtrqtr: SENE Sec: 21 Twp: 6S Range: 92W Meridian: 6

Latitude: 39.514440 Longitude: -107.666520

FACILITY - API Number: 05-045- -00 Facility ID: 335081

Facility Name: TRANT-66S92W Number: 21SENE

Qtrqtr: SENE Sec: 21 Twp: 6S Range: 92W Meridian: 6

Latitude: 39.514440 Longitude: -107.666520

CORRECTIVE ACTIONS:

1 CA# 145027

Corrective Action: Maintain BMP's  
Stabilize Slope next to separators  
Provide proof of tracking control BMP's

Date: 01/12/2021

Response: CA COMPLETED

Date of Completion: 01/05/2021

Operator Comment: This comment is specific the alleged slope stabilization issue in the Inspection Report. This specific CA associated with slope stabilization is not complete and cannot be completed by the assigned CA deadline due to seasonal weather conditions. The alleged slope stabilization issue on the location will be addressed when onsite and winter weather conditions allow.

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

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**OPERATOR COMMENT AND SUBMITTAL**

Comment:

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

Print Name: Scott Ghan

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

Title: Senior EHS Specialist

Date: 1/5/2021 2:39:34 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>
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Total Attach: 0 Files