

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:

401262619

Date Received:

04/24/2017

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: 81480

Name of Operator: THOMAS L SPRING LLC

Address: 7400 E ORCHARD RD STE 106-S

City: GREENWOOD VILLAGE State: CO Zip: 80111

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Spring, Tom</u>	<u>303-771-1889</u>	<u>T1spring@aol.com</u>
<u>SPRING KATE</u>	<u>303-771-1889</u>	<u>kathleenspring3@gmail.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 673504093

Inspection Date: 02/14/2017

FIR Submit Date: 02/17/2017

FIR Status: _____

Inspected Operator Information:

Company Name: THOMAS L SPRING LLC

Company Number: 81480

Address: 7400 E ORCHARD RD STE 106-S

City: GREENWOOD VILLAGE State: CO Zip: 80111

LOCATION - Location ID: 324868

Location Name: DRW STATE-620S48W Number: 33SWSW County: KIOWA

Qtrqr: SWS Sec: 33 Twp: 20S Range: 48W Meridian: 6
W

Latitude: 38.270570 Longitude: -102.800960

FACILITY - API Number: 05-061-00 Facility ID: 213326

Facility Name: DRW STATE Number: #1

Qtrqr: SWS Sec: 33 Twp: 20S Range: 48W Meridian: 6
W

Latitude: 38.270570 Longitude: -102.800960

CORRECTIVE ACTIONS:

1 CA# 64855

Corrective Action: Remove the pipe risers and reclaim associated disturbace and areas where vegetation has not established.

Date: 05/01/2017

Response: CA COMPLETED

Date of Completion: 04/22/2017

The well riser has been removed from the site but the pipeline riser is still there due to the fact it is Strachan

Operator Comment: Explorations. The bare areas have been reseeded in order to reestablish vegetation.

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: Kathleen Spring Signed: _____

Title: Manger Date: 4/24/2017 2:49:42 PM

ATTACHMENT LIST

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

Document Number **Description**

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Total Attach: 0 Files