

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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Document Number:

401262619

Date Received:

04/24/2017

FIR RESOLUTION FORM

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

Spring, Tom

303-771-1889

T1spring@aol.com

SPRING KATE

303-771-1889

kathleenspring3@gmail.com

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

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

Latitude: 38.270570 Longitude: -102.800960

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

Facility Name: DRW STATE Number: #1

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

Latitude: 38.270570 Longitude: -102.800960

CORRECTIVE ACTIONS:

1 CA# 64855

Corrective Action: Remove the pipe risers and reclaim associated disturbance 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 Explorations. The bare areas have been reseeded in order to reestablish vegetation.

Operator _____
Comment: _____

COGCC Decision: **Not Approved** _____

COGCC Representative: _____
The pipe riser must be removed or a 502b. variance must be requested.

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.

<u>Document Number</u>	<u>Description</u>
401262619	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files