

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:  
401356905  
Date Received:  
07/27/2017

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: 10071  
Name of Operator: BARRETT CORPORATION\* BILL  
Address: 1099 18TH ST STE 2300  
City: DENVER State: CO Zip: 80202

Contact Name and Telephone:  
Name: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_

Additional Operator Contact:

Contact Name	Phone	Email
<u>Michael Hericks</u>	<u>970-987-3827</u>	<u>mhericks@billbarrettcorp.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 673504430  
Inspection Date: 06/09/2017 FIR Submit Date: 06/09/2017 FIR Status: \_\_\_\_\_

Inspected Operator Information:

Company Name: BARRETT CORPORATION\* BILL Company Number: 10071  
Address: 1099 18TH ST STE 2300  
City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 319806

Location Name: CO STATE A-61S66W Number: 36NENW County: ADAMS  
Qtrqtr: NENW Sec: 36 Twp: 1S Range: 66W Meridian: 6  
Latitude: 39.927050 Longitude: -104.726400

FACILITY - API Number: 05-001-00 Facility ID: 201432

Facility Name: CO STATE A Number: 21-36  
Qtrqtr: NENW Sec: 36 Twp: 1S Range: 66W Meridian: 6  
Latitude: 39.927050 Longitude: -104.726400

CORRECTIVE ACTIONS:

1 CA# 81230

Corrective Action: Evaluate soil conditions and prepare the location for crop planting per landowner ag activity. Date: 07/28/2017

Response: CA COMPLETED Date of Completion: 07/25/2017

Operator Comment: Tenant farmer was contacted and due to his tractor "blowing up", he was not able to plant a crop this spring as planned. He plans to plant this fall and does not anticipate any problems with the area of the former well pad. Bill Barrett Corp. will follow up with him in the fall to determine progress.

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: Matt Barber

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

Title: Sr. Permit Analyst

Date: 7/27/2017 4:43:35 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

<b><u>Document Number</u></b>	<b><u>Description</u></b>

Total Attach: 0 Files