

State of Colorado
Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

401390662

Date Received:

08/30/2017

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: 10396
Name of Operator: SWN PRODUCTION COMPANY LLC
Address: PO BOX 12359
City: SPRING State: TX Zip: 77391
Contact Name and Telephone:
Name:
Phone: () Fax: ()
Email:

Additional Operator Contact:

Contact Name	Phone	Email
Karen Maneotis	-	karen_maneotis@swn.com swnsandwash@swn.com Sydney_Hansen@swn.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 680102104
Inspection Date: 08/08/2017 FIR Submit Date: 08/16/2017 FIR Status:

Inspected Operator Information:

Company Name: SWN PRODUCTION COMPANY LLC Company Number: 10396
Address: PO BOX 12359
City: SPRING State: TX Zip: 77391

LOCATION - Location ID: 313149

Location Name: WALKER 7-93-12 Number: PAD5 County: MOFFAT
Qtrqtr: CNE Sec: 12 Twp: 7N Range: 93W Meridian: 6
Latitude: 40.576120 Longitude: -107.777750

FACILITY - API Number: 05-081-00 Facility ID: 262677

Facility Name: WALKER Number: 12-5
Qtrqtr: CNE Sec: 12 Twp: 7N Range: 93W Meridian: 6
Latitude: 40.576120 Longitude: -107.777750

CORRECTIVE ACTIIONS:

1 CA# 93370

Corrective Action: Control Noxious Weeds. Mature plants have near to fully formed seed heads; Rosettes and 1st year plants are still green and susceptible to controls. Weed Control, Monitoring program and schedule need to be developed and in place by 8/31/17;

Date: 08/31/2017

Response: CA COMPLETED Date of Completion: 08/29/2017

Weeds were sprayed 8-29-17 and we will continue to monitor the area and spray as needed as well as in the spring.

Operator _____
Comment: _____

COGCC Decision: _____

COGCC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: We sprayed the weeds 8-29-17 and will monitor the pad this fall and respray as needed. We will spray again in spring.

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

Print Name: Karen Maneotis Signed: _____

Title: Team Assistant Date: 8/30/2017 6:56:19 AM

ATTACHMENT LIST

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

Document Number **Description**

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

Total Attach: 0 Files