

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:

401407545

Date Received:

09/19/2017

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

3 of 3 CAs from the FIR responded to on this Form

3 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

Karen Maneotis

Phone

832-796-5367

Email

karen_maneotis@swn.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 689800262

Inspection Date: 09/11/2017

FIR Submit Date: 09/13/2017

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: 428856

Location Name: SIMOES Number: 22-30 County: MOFFAT

Qtrqr: LOT Sec: 30 Twp: 6N Range: 90W Meridian: 6
10

Latitude: 40.450678 Longitude: -107.536478

FACILITY - API Number: 05-081- -00 Facility ID: 428857

Facility Name: SIMOES Number: 22-30

Qtrqr: LOT Sec: 30 Twp: 6N Range: 90W Meridian: 6
10

Latitude: 40.450678 Longitude: -107.536478

CORRECTIVE ACTIONS:

1 CA# 101330

Corrective Action: Comply with Rule 603.f .

Date: 09/27/2017

Response: CA COMPLETED

Date of Completion: 09/19/2017

Operator Comment: Sign is standing it had fallen and it is now standing.

COGCC Decision: _____

COGCC
Representative:

2 CA# 101331

Corrective Action: Install sign to comply with Rule 210.b.

Date: 10/13/2017

Response: CA COMPLETED

Date of Completion: 09/19/2017

Operator
Comment:

Weeds have been sprayed

COGCC Decision: _____

COGCC
Representative:

3 CA# 101332

Corrective Action: Comply with Rule 603.f .

Date: 10/13/2017

Response: CA COMPLETED

Date of Completion: 09/19/2017

Operator
Comment:

The equipment that is present is going to be used.

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: Karen Maneotis

Signed: _____

Title: Team Assistant

Date: 9/19/2017 1:56:38 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