

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:
401437140
Date Received:
10/22/2017

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

5 of 5 CAs from the FIR responded to on this Form

5 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 100178

Name of Operator: D J SIMMONS INC

Address: P.O. BOX 1469

City: FARMINGTON State: NM Zip: 87401

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
Rodney Seale	505-326-3753	rseale@djsimmons.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 685303701

Inspection Date: 08/29/2017

FIR Submit Date: 09/08/2017

FIR Status: _____

Inspected Operator Information:

Company Name: D J SIMMONS INC

Company Number: 100178

Address: P.O. BOX 1469

City: FARMINGTON State: NM Zip: 87401

LOCATION - Location ID: 322103

Location Name: HUGUS FEDERAL-N39N19W Number: 8SWSW County: DOLORES

Qtrqr: SWS Sec: 8 Twp: 39N Range: 19W Meridian: N
W

Latitude: 37.649153 Longitude: -108.972964

FACILITY - API Number: 05-033-00 Facility ID: 208971

Facility Name: HUGUS FEDERAL Number: 1

Qtrqr: SWS Sec: 8 Twp: 39N Range: 19W Meridian: N
W

Latitude: 37.649153 Longitude: -108.972964

CORRECTIVE ACTIIONS:

1 CA# 98300

Corrective Action: Comply with Rule 603.f. For unused, unmarked flowline risers 24 hrs to lock out tag out. 30 days to remove riser.

Date: 10/08/2017

Response: CA COMPLETED

Date of Completion: 10/19/2017

Operator Comment: CA indicated complete through email notification from Monty Risenhoover, contract well attendant, on October 19, 2017.

COGCC Decision: _____

COGCC Representative: _____

2 CA# 98301

Corrective Action: Date: 10/08/2017

Response: CA COMPLETED

Date of Completion: 10/19/2017

Operator Comment:

COGCC Decision: _____

COGCC Representative: _____

3 CA# 98302

Corrective Action: Date: 12/07/2017

Response: CA COMPLETED

Date of Completion: 10/19/2017

Operator Comment:

COGCC Decision: _____

COGCC Representative: _____

4 CA# 98303

Corrective Action: Date: 09/18/2017

Response: CA COMPLETED

Date of Completion: 10/19/2017

Operator Comment:

COGCC Decision: _____

COGCC Representative: _____

5 CA# 98304

Corrective Action: Date: 10/08/2017

Response: CA COMPLETED

Date of Completion: 10/19/2017

Operator Comment:

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: Rodney Seale Signed: _____

Title: Agent for the Trustee Date: 10/22/2017 1:22:30 PM

ATTACHMENT LIST

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

Document Number	Description
401437141	Location picture after CA's completed

Total Attach: 1 Files