

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:  
401359109  
Date Received:  
07/31/2017

FIR RESOLUTION FORM

CA Summary:  
2 of 2 CAs from the FIR responded to on this Form  
2 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  
Maneotis, Karen 970-620-6099 Karen.Maneotis@swn.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 689800061  
Inspection Date: 07/18/2017 FIR Submit Date: 07/18/2017 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: 313326

Location Name: AMELIA-67N93W Number: 1SESE County: MOFFAT  
Qtrqr: SESE Sec: 1 Twp: 7N Range: 93W Meridian: 6  
Latitude: 40.581710 Longitude: -107.774710

FACILITY - API Number: 05-081-00 Facility ID: 287344

Facility Name: AMELIA Number: 44-1  
Qtrqr: SESE Sec: 1 Twp: 7N Range: 93W Meridian: 6  
Latitude: 40.581710 Longitude: -107.774710

CORRECTIVE ACTIONS:

1 CA# 86575  
Corrective Action: Comply with Phase I-Part 2 of the May 2, 2017 Flowline NTO. Date: 05/30/2017

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

Operator Comment: SWN is in compliance with Phase 1 part 2 of the Many 2, 2017 Flowline NTO as of July 25, 2017. The risers are marked with flourescent paint.

COGCC Decision: Approved pending re-inspection

COGCC  
Representative:

2  CA# 86576

Corrective Action: Comply with Rule 603.f using the Rule 603.f guidance document for further details.

Date: 07/28/2017

Response: CA COMPLETED

Date of Completion: 07/25/2017

Operator  
Comment: SWN has complied with Rule 603.f guidance and weeds have been sprayed.

COGCC Decision: Approved pending re-inspection

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: 7/31/2017 10:54:04 AM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

401359109	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files