

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:

401464467

Date Received:

11/20/2017

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: 26580

Name of Operator: BURLINGTON RESOURCES OIL & GAS LP

Address: PO BOX 4289

City: FARMINGTON State: NM Zip: 87499

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Allen Wheeler

713-598-4817

allen.wheeler@cop.com

Jennifer Dixon

701-300-2381

jennifer.a.dixon@cop.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 688300673

Inspection Date: 11/19/2017

FIR Submit Date: 11/19/2017

FIR Status: _____

Inspected Operator Information:

Company Name: BURLINGTON RESOURCES OIL & GAS LP

Company Number: 26580

Address: PO BOX 4289

City: FARMINGTON State: NM Zip: 87499

LOCATION - Location ID: 443722

Location Name: Prosper Farms 4-65 2-1 Number: 4AH County: ARAPAHOE

Qtrqr: SWS Sec: 2 Twp: 4S Range: 65W Meridian: 6
W

Latitude: 39.728850 Longitude: -104.638908

FACILITY - API Number: 05-005- -00 Facility ID: 443724

Facility Name: Prosper Farms 4-65 2-1 Number: 4CH

Qtrqr: SWS Sec: 2 Twp: 4S Range: 65W Meridian: 6
W

Latitude: 39.728850 Longitude: -104.638908

CORRECTIVE ACTIONS:

1 CA# 111253

Corrective Action: Control and contain spills/releases and clean up per Rule 906.a. Contact COGCC EPS staff.

Date: 11/20/2017

Response: CA COMPLETED

Date of Completion: 11/20/2017

Operator
Comment:

Wells have been shut in. Free liquids have been removed from location. Impacted soil will be removed and soil sampling will be conducted. Upon receipt of soil samples taken from the impacted area, operator will share with COGCC field inspector Susan Sherman to demonstrate that all impacted soil has been removed from location.

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: Jennifer Dixon

Signed:

Title: Regulatory Coordinator

Date: 11/20/2017 12:28:09 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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401464478	Photos of Impacted Area
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Total Attach: 1 Files