

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:
401572003
Date Received:
03/13/2018

FIR RESOLUTION FORM

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: 10471
Name of Operator: ARP PRODUCTION COMPANY LLC
Address: 425 HOUSTON STREET SUITE 300
City: FORTH WORTH State: TX Zip: 76102
Contact Name and Telephone:
Name:
Phone: () Fax: ()
Email:

Additional Operator Contact:

Contact Name	Phone	Email
Randy Madison	575-445-6706/575-420-1120	rmadison@atlasenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 682600461
Inspection Date: 03/05/2018 FIR Submit Date: 03/07/2018 FIR Status:

Inspected Operator Information:

Company Name: ARP PRODUCTION COMPANY LLC Company Number: 10471
Address: 425 HOUSTON STREET SUITE 300
City: FORTH WORTH State: TX Zip: 76102

LOCATION - Location ID:

Location Name: Number: County:
Qtrqr: NWSE Sec: 4 Twp: 35S Range: 66W Meridian: 6
Latitude: Longitude:

FACILITY - API Number: 05-071-

-00

Facility ID: 454232

Facility Name: Lorencito Water Facility Number:
Qtrqr: NWSE Sec: 4 Twp: 35S Range: 66W Meridian: 6
Latitude: Longitude:

CORRECTIVE ACTIONS:

1 ☒ CA# 114688

Corrective Action: Repair or install berms or other secondary containment devices per Rule 605.a.(4). Date: 04/06/2018

Response: CA COMPLETED Date of Completion: 03/09/2018

Operator Comment: The piper protruding through the containment has been removed and capped inside the containmant.
The galvanized panel has been replaced and sealed.

COGCC Decision: Approved

Attached photos show that the secondary containment berm has been repaired per the corrective action issues

COGCC on inspection.
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: The pipe has been removed and the panel replace. This brings ARP Production Co., LCC in compliance with Rule 605.a. (4). At this time I am requesting this Action Required be closed.

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

Print Name: Randy Madison

Signed:

Title: HSE Specialist

Date: 3/13/2018 9:34:37 AM

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>
401572003	FIR RESOLUTION SUBMITTED
401572020	Lorencito Water Facility Berm Repair
401572021	Lorencito Water Facility Pipe cut & Capped.

Total Attach: 3 Files