

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:

401709438

Date Received:

07/20/2018

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: 100264

Name of Operator: XTO ENERGY INC

Address: 600 E EXCHANGE AVE

City: FORTH WORTH State: TX Zip: 76164

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Sephra Baca</u>	<u>8173785584</u>	<u>sephra_baca@xtoenergy.com</u>
<u>Reid, Van</u>		<u>Van_reid@xtoenergy.com</u>
<u>Labowskie, Steve</u>		<u>steve.labowskie@state.co.us</u>
<u>Dooling, Jessica</u>	<u>(970) 878-6800</u>	<u>Jessica_Dooling@xtoenergy.com</u>
<u>Browning, Chuck</u>	<u>970-433-4139</u>	<u>chuck.browning@state.co.us</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 680402943

Inspection Date: 06/20/2018

FIR Submit Date: 06/21/2018

FIR Status: _____

Inspected Operator Information:

Company Name: XTO ENERGY INC

Company Number: 100264

Address: 21459 CR 5

City: RIFLE State: CO Zip: 81650

LOCATION - Location ID: 316734

Location Name: U S A-PICEANCE CREEK-62S97W Number: 12NESW County: RIO BLANCO

Qtrqtr: NESW Sec: 12 Twp: 2S Range: 97W Meridian: 6

Latitude: 39.890640 Longitude: -108.231950

FACILITY - API Number: 05-103-00 Facility ID: 232426

Facility Name: U S A-PICEANCE CREEK Number: T35-12G

Qtrqtr: NESW Sec: 12 Twp: 2S Range: 97W Meridian: 6

Latitude: 39.890640 Longitude: -108.231950

CORRECTIVE ACTIONS:

1 CA# 116941

Corrective Action: Submit Form 4 to comply with Rule 319.b.(1).

Date: 07/23/2018

Response: CA COMPLETED

Date of Completion: 07/20/2018

Operator Comment: Form 4 Doc No. 401709297 submitted 7/20/2018. See Attached.

COGCC Decision: _____

COGCC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Form 4 Doc No. 401709297 submitted 7/20/2018. See Attached.

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

Print Name: Sephra Baca

Signed: _____

Title: Regulatory Analyst

Date: 7/20/2018 2:53:06 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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401709447	Form 4
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Total Attach: 1 Files