

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:
401913344
Date Received:
01/22/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 4 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10672
Name of Operator: TIMBER CREEK OPERATING LLC
Address: 1001 17TH STREET #1000
City: DENVER State: CO Zip: 80202

Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Santistevan, Vince</u>	<u>719-845-2102/719-680-9705</u>	<u>vincasantistevan@tcenergy.us</u>
<u>Amato, Joseph</u>	<u>719-845-2110/719-859-2263</u>	<u>josephamato@tcenergy.us</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 688401097
Inspection Date: 01/17/2019 FIR Submit Date: 01/17/2019 FIR Status: _____

Inspected Operator Information:

Company Name: TIMBER CREEK OPERATING LLC Company Number: 10672
Address: 1001 17TH STREET #1000
City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 423142

Location Name: APACHE CANYON Number: 20-03 County: LAS ANIMAS
Qtrqtr: NENW Sec: 20 Twp: 34S Range: 67W Meridian: 6
Latitude: 37.075178 Longitude: -104.915359

FACILITY - API Number: 05-071-00 Facility ID: 423123

Facility Name: APACHE CANYON Number: 20-03
Qtrqtr: NENW Sec: 20 Twp: 34S Range: 67W Meridian: 6
Latitude: 37.075178 Longitude: -104.915359

CORRECTIVE ACTIIONS:

1 CA# 121825

Corrective Action: Securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 605.d.

Date: 01/18/2019

Response: CA COMPLETED

Date of Completion: 01/19/2019

Operator Comment: New packing installed and valve taken out and blind flanged.

COGCC Decision: _____

COGCC
Representative:

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OPERATOR COMMENT AND SUBMITTAL

Comment: New packing installed and valve removed and blind flanged.

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

Print Name: Joseph Amato

Signed: _____

Title: regulatory manager

Date: 1/22/2019 1:49:47 PM

ATTACHMENT LIST

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

Document Number **Description**

401913355	Well head packing
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Total Attach: 1 Files