

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:

401913396

Date Received:

01/22/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 3 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
Santistevan, Vince	719-845-2102/719-680-9705	vincasantistevan@tcenergy.us
Amato, Joseph	719-845-2110/719-859-2263	josephamato@tcenergy.us

COGCC INSPECTION SUMMARY:

FIR Document Number: 688401086

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: 308933

Location Name: APACHE CANYON-634S67W Number: 18SWSW County: LAS ANIMAS

Qtrqr: SWS Sec: 18 Twp: 34S Range: 67W Meridian: 6
W

Latitude: 37.077939 Longitude: -104.933819

FACILITY - API Number: 05-071-00 Facility ID: 285180

Facility Name: APACHE CANYON Number: 18-13

Qtrqr: SWS Sec: 18 Twp: 34S Range: 67W Meridian: 6
W

Latitude: 37.077939 Longitude: -104.933819

CORRECTIVE ACTIIONS:

2 CA# 121809

Corrective Action: Comply with COGCC rule 1002 F (2) D Provide COGCC with pocedure and maintenance documentation within 48hrs

Date: 01/21/2019

Response: CA COMPLETED Date of Completion: 01/21/2019

Self-inspection, maintenance and good housekeeping procedures and schedules are attached from our SWMP. Current annual inspection is also attached.

Operator: _____
Comment: _____

COGCC Decision: _____

COGCC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Partial CA submittal.

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 2:08:02 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>
401913418	AC 18-13 Annual Inspection

Total Attach: 1 Files