

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:

402019002

Date Received:

04/24/2019

FIR RESOLUTION FORM

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 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 rmadison@atlasenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 689900501
Inspection Date: 03/25/2019 FIR Submit Date: 03/28/2019 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: 307729

Location Name: VPR C-635S66W Number: 4SWSE County: LAS ANIMAS
Qtrqr: SWSE Sec: 4 Twp: 35S Range: 66W Meridian: 6
Latitude: 37.023240 Longitude: -104.781150

FACILITY - API Number: 05-071- -00 Facility ID: 199975

Facility Name: VPR C Number: 14 WDW
Qtrqr: SWSE Sec: 4 Twp: 35S Range: 66W Meridian: 6
Latitude: 37.023240 Longitude: -104.781150

CORRECTIVE ACTIONS:

1 CA# 123589

Corrective Action: Comply with 1004 Rules. Reseed the location to facilitate desirable vegetation establishment.

Date: 05/03/2019

Response: CA COMPLETED

Date of Completion: 04/24/2019

Operator Comment: The area had been reseeded in October of 2018. With the warm weather and moisture there is a good stand of natural vegetation returning to the area.

COGCC Decision: Approved pending re-inspection

COGCC
Representative:

2 CA# 123590

Corrective Action:

Date: 05/03/2019

Response: CA COMPLETED

Date of Completion: 04/24/2019

Operator Comment:

COGCC Decision: Approved pending re-inspection

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: Randy Madiosn

Signed: _____

Title: HSE Specialist

Date: 4/24/2019 7:43:13 AM

ATTACHMENT LIST

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

Document Number **Description**

402019002	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files