

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:
402087034

Date Received:
06/25/2019

FIR RESOLUTION FORM

Overall Status: CAC

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: 10351

Name of Operator: WAPITI OPERATING LLC

Address: 1310 W SAM HOUSTON PKWY N

City: HOUSTON State: TX Zip: 77043

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Randy Madison

Phone

575-4456707

Email

rmadison@wapitienergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 689900905

Inspection Date: 06/19/2019

FIR Submit Date: 06/20/2019

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: 309045

Location Name: VPR C-635S67W Number: 12SWSW County: LAS ANIMAS

Qtrqr: SWS Sec: 12 Twp: 35S Range: 67W Meridian: 6
W

Latitude: 37.006400 Longitude: -104.846080

FACILITY - API Number: 05-071- -00 Facility ID: 287231

Facility Name: VPR C Number: 131

Qtrqr: SWS Sec: 12 Twp: 35S Range: 67W Meridian: 6
W

Latitude: 37.006400 Longitude: -104.846080

CORRECTIVE ACTIONS:

1 CA# 126285

Corrective Action: Control and contain spills/releases and clean up per Rule 906.a.

Date: 07/20/2019

Response: CA COMPLETED

Date of Completion: 06/24/2019

Operator
Comment:

Contaminated soil was removed and replaced. The soil will be desposed of properly in a licensed facility.

COGCC Decision: _____

COGCC
Representative: _____

2 CA# 126286

Corrective Action: Comply with Rule 1003.f.
Control noxious weeds.

Date: 07/11/2019

Response: CA COMPLETED

Date of Completion: 06/25/2019

Operator Comment: Weeds on the location have been sprayed before they went to seed. The lease road to the location has been spot sprayed also. The area will be monitored to make sure a kill has taken place.

COGCC Decision: _____

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 Madison

Signed: _____

Title: HSE Specialist

Date: 6/25/2019 1:14:34 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>
402087060	Picture of Clean up
402087066	Picture of Cleaned up area

Total Attach: 2 Files