

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:
402098788

Date Received:
07/08/2019

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	Phone	Email
<u>Randy Madison</u>	<u>575-445-6706</u>	<u>rmadison@wapitienergy.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 689900903

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: 308004

Location Name: VPR C-634S66W Number: 32SESW County: LAS ANIMAS

Qtrqtr: SESW Sec: 32 Twp: 34S Range: 66W Meridian: 6

Latitude: 37.037100 Longitude: -104.806540

FACILITY - API Number: 05-071-00 Facility ID: 260125

Facility Name: VPR C Number: 84

Qtrqtr: SESW Sec: 32 Twp: 34S Range: 66W Meridian: 6

Latitude: 37.037100 Longitude: -104.806540

CORRECTIVE ACTIONS:

1 CA# 126283

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 have been sprayed and are curling.

COGCC Decision: _____

COGCC
Representative:

2 CA# 126284

Corrective Action: Install or repair required BMPs per Rule 1002.f.

Date: 07/20/2019

Response: CA COMPLETED

Date of Completion: 07/08/2019

Operator Comment: Road has been bladed dragging the soil from the borrow ditch back onto the road. Rock checks installed the week of 7/8/19

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: 7/8/2019 1:21:40 PM

ATTACHMENT LIST

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

Document Number **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files