

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:

402098869

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

Randy Madison

Phone

575-445-6706

Email

rmadison@wapitienergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 689900911

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: 309085

Location Name: VPR C-635S67W Number: 1NWSW County: LAS ANIMAS

Qtrqr: NWS Sec: 1 Twp: 35S Range: 67W Meridian: 6
W

Latitude: 37.024300 Longitude: -104.846570

FACILITY - API Number: 05-071- -00 Facility ID: 287872

Facility Name: VPR C Number: 139

Qtrqr: NWS Sec: 1 Twp: 35S Range: 67W Meridian: 6
W

Latitude: 37.024300 Longitude: -104.846570

CORRECTIVE ACTIONS:

1 CA# 126291

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

Date: 07/11/2019

Response: CA COMPLETED

Date of Completion: 06/26/2019

Operator Comment: Weeds have been sprayed and are curling

COGCC Decision: _____

COGCC
Representative:

2 CA# 126292

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:

Culvert will be cleaned out and erosion control installed on the downhill side. Work to begin 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 1:48:07 PM

ATTACHMENT LIST

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

Document Number **Description**

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Total Attach: 0 Files