

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:
402208865

Date Received:
10/16/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 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: 689901295

Inspection Date: 09/23/2019

FIR Submit Date: 09/24/2019

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: 309086

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

Qtrqtr: NESE Sec: 1 Twp: 35S Range: 67W Meridian: 6

Latitude: 37.025250 Longitude: -104.832530

FACILITY - API Number: 05-071-00 Facility ID: 287871

Facility Name: VPR C Number: 140

Qtrqtr: NESE Sec: 1 Twp: 35S Range: 67W Meridian: 6

Latitude: 37.025250 Longitude: -104.832530

CORRECTIVE ACTIONS:

1 CA# 131041

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

Date: 07/11/2019

Response: CA COMPLETED

Date of Completion: 10/07/2019

Operator Comment: Noxious weeds were cut and bagged and disposed of properly see attached photo's. It has froze in the area so any green weeds have froze and died. The area will be monitored for vegetation growth spring of 2020 and reseeded if need be.

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Reclamation specialist has said that it may take 2 to 3 year and numerous reseeding to get that area to reestablish growth.

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: 10/16/2019 8:16:43 AM

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>
402210899	Weed Remediation C-140 Photo 1
402210905	Weed Remediation C-140 Photo 2
402210907	Weed Remediation C-140 Photo 3
402210916	Weed Remediation C-140 Photo 4
402210919	Weed Remediation C-140 Photo 5

Total Attach: 5 Files