

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:
402229116

Date Received:
11/01/2019

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: 10672
Name of Operator: TIMBER CREEK OPERATING LLC
Address: 6295 GREENWOOD PLAZA BLVD #100
City: GREENWOOD VILLAGE State: CO Zip: 8111-4978

Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
		<u>ediefitzgerald@tcenergyllc.com</u>
		<u>ronaldmack@tcenergyllc.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 689901423
Inspection Date: 10/30/2019 FIR Submit Date: 10/30/2019 FIR Status: _____

Inspected Operator Information:

Company Name: TIMBER CREEK OPERATING LLC Company Number: 10672
Address: 6295 GREENWOOD PLAZA BLVD #100
City: GREENWOOD VILLAGE State: CO Zip: 8111-4978

LOCATION - Location ID: 307348

Location Name: APACHE CANYON-634S67W Number: 16SENE County: LAS ANIMAS
Qtrqr: SENE Sec: 16 Twp: 34S Range: 67W Meridian: 6
Latitude: 37.087570 Longitude: -104.886430

FACILITY - API Number: 05-071-00 Facility ID: 217523

Facility Name: APACHE CANYON Number: 16-8
Qtrqr: SENE Sec: 16 Twp: 34S Range: 67W Meridian: 6
Latitude: 37.087570 Longitude: -104.886430

CORRECTIVE ACTIIONS:

1 CA# 133122

Corrective Action: Control and contain spills/releases and clean up per Rule 906.a. Securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 605.d.

Date: 04/18/2019

Response: CA COMPLETED Date of Completion: 10/31/2019

The packing was replaced, and the stuffing box was securely fastened to stop the leaking water at the well head.

Operator Comment: See the attached photo log for details.

COGCC Decision: _____

COGCC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: All corrective actions have been addressed.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Edie Fitzgerald

Signed: _____

Title: SR. Environmental Tech.

Date: 11/1/2019 12:46:44 PM

ATTACHMENT LIST

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

Document Number Description

402229127	Photo Log
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Total Attach: 1 Files