

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:
402233318

Date Received:
11/07/2019

FIR RESOLUTION FORM

Overall Status: FRQ

CA Summary:

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

0 CA Completed
1 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 76840

Name of Operator: SCHNEIDER ENERGY SERVICES INC

Address: P O BOX 889

City: FORT MORGAN State: CO Zip: 80701

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Bothwell, Kevin

(970) 867-9437

kbothwell@rivalservices.net

Schneider, Jeff

970-867-9437/(214) 244-3819

jeff@schneiderenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 693501699

Inspection Date: 11/06/2019

FIR Submit Date: 11/06/2019

FIR Status: _____

Inspected Operator Information:

Company Name: SCHNEIDER ENERGY SERVICES INC

Company Number: 76840

Address: P O BOX 889

City: FORT MORGAN State: CO Zip: 80701

LOCATION - Location ID: 320521

Location Name: RUBY Number: 1 County: ADAMS

Qtrqr: SWSE Sec: 12 Twp: 1S Range: 68W Meridian: 6

Latitude: 39.973710 Longitude: -104.946990

FACILITY - API Number: 05-001- -00 Facility ID: 275616

Facility Name: Ruby Number: 2

Qtrqr: SWSE Sec: 12 Twp: 1S Range: 68W Meridian: 6

Latitude: 39.973710 Longitude: -104.946990

CORRECTIVE ACTIONS:

1 CA# 133321

Corrective Action: Comply with rule 603 f

Date: 12/06/2019

Response: FACTUAL REVIEW REQUEST

Basis for Review: Corrective action dates are not attainable

Operator
Comment:

The equipment at the wellhead is due to the Ruby well being frac protected because of frac operations on Great Western's Rio pad. As we were preparing to return the well to production, we were notified that Great Western would be performing frac operations on an additional well, the Tollway LC24-379HC. If possible, we would like to leave our equipment on site until GW finishes up operations on the Tollway, projected to be early December.

Once GW is finished up we will remove our bridge plug, install needed tubing, re-plumb wellhead and cleanup any excess equipment. Thank you for your consideration.

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: Kevin Bothwell

Signed: _____

Title: Employee

Date: 11/7/2019 10:15:24 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>
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Total Attach: 0 Files