

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:
402238622

Date Received:
11/13/2019

FIR RESOLUTION FORM

Overall Status:

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: 100264

Name of Operator: XTO ENERGY INC

Address: 110 W 7TH STREET

City: FORTH WORTH State: TX Zip: 76102

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Jessica Dooling

970-675-4122

jessica_dooling@xtoenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 699700046

Inspection Date: 10/16/2019

FIR Submit Date: 10/29/2019

FIR Status: _____

Inspected Operator Information:

Company Name: XTO ENERGY INC

Company Number: 100264

Address: 110 W 7TH STREET

City: FORTH WORTH State: TX Zip: 76102

LOCATION - Location ID: 316373

Location Name: YELLOW CREEK FEDERAL-61S98W Number: 3NESE County: _____

Qtrqtr: NESE Sec: 3 Twp: 1S Range: 98W Meridian: 6

Latitude: 39.991140 Longitude: -108.370750

FACILITY - API Number: 05-103- -00 Facility ID: 316373

Facility Name: YELLOW CREEK FEDERAL-61S98W Number: 3NESE

Qtrqtr: NESE Sec: 3 Twp: 1S Range: 98W Meridian: 6

Latitude: 39.991140 Longitude: -108.370750

CORRECTIVE ACTIONS:

1 CA# 132075

Corrective Action: Repair sign to comply with Rule 210.e.

Date: 11/29/2019

Response: CA COMPLETED

Date of Completion: 11/11/2019

Operator
Comment:

Sign installed to comply with Rule 210.e, see attached photo

COGCC Decision: _____

COGCC
Representative: _____

2 CA# 132076

Corrective Action: Operator shall submit a Form 19 Initial/Supplemental (Spill Type: Historical) with request for closure to address the historical impacts.
Operator shall submit a Form 19 Supplemental to close the spill under a Form 27.
Operator shall submit a Form 27 Site Investigation and Remediation Workplan to delineate vertical and horizontal impacts.

Date: 11/29/2019

Response: CA COMPLETED

Date of Completion: 11/13/2019

Operator Comment: All required submittals completed. Historic release Form 19 requesting closure of the historic release submitted 11/13/2019, DOC 402237823. Form 19 requestin closure of Form 19 for remediation under Form 27 (REM 14580) submitted 11/13/2019, DOC 402237740. Form 27 Site Invesstigation and Remediation Workplan submitted 11/7/2019, DOC 402231650, REM 14580. Please see attached.

COGCC Decision: _____

COGCC
Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: All corrective actions have been completed, please see attached.

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

Print Name: Jessica Dooling

Signed: _____

Title: Regulatory Coordinator

Date: 11/13/2019 3:07:00 PM

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>
402238651	20191111 YCF 3-45-1 Photo of sign installed
402238654	20191113 YCF 3-45-1 Form 19 402237740
402238663	20191113 YCF 3-45-1 Form 19 402237823
402238667	20191107 YCF 3-45-1 Form 27 402231650

Total Attach: 4 Files