

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:
402465789

Date Received:
08/20/2020

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 2 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10600
Name of Operator: ANADARKO WATTENBERG OIL COMPLEX LLC
Address: 1099 18TH STREET #1800
City: DENVER State: CO Zip: 80202-1918
Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Van der Vieren, David</u>	<u>720-929-3812</u>	<u>david.vandervieren@westernmidstream.com</u>
<u>Gililand, Chad</u>	<u>970-515-1604</u>	<u>chad.gililand@westernmidstream.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 697501768
Inspection Date: 07/16/2020 FIR Submit Date: 07/21/2020 FIR Status: _____

Inspected Operator Information:

Company Name: ANADARKO WATTENBERG OIL COMPLEX LLC Company Number: 10600
Address: 1099 18TH STREET #1800
City: DENVER State: CO Zip: 80202-1918

LOCATION - Location ID: _____

Location Name: _____ Number: _____ County: _____
Qtrqtr: SWSE Sec: 18 Twp: 1N Range: 65W Meridian: 6
Latitude: 40.045336 Longitude: -104.703412

FACILITY - API Number: 05-123-00 Facility ID: 466426

Facility Name: 16-18-1476-4 Number: _____
Qtrqtr: SWSE Sec: 18 Twp: 1N Range: 65W Meridian: 6
Latitude: 40.045336 Longitude: -104.703412

CORRECTIVE ACTIONS:

1 CA# 140592

Corrective Action: Comply with Rule 1003.f.

Date: 07/24/2020

Note- Per Rule 1102.f.(3) for flowline and crude oil transfer lines, interim and final reclamation, including revegetation, must be performed in accordance with applicable 1000 Series rules.

Response: CA COMPLETED

Date of Completion: 08/14/2020

Per rule 1003.f all weeds have been treated from Facility ID # 466426. Revegetation is anticipated to take place during the Fall as weather permits.

Operator _____
Comment: _____

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: David Van der Vieren Signed: _____

Title: Sr Regulatory Analyst Date: 8/20/2020 4:14:18 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>
402467950	Reclamation Photos

Total Attach: 1 Files