

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:
402510817

Date Received:
10/14/2020

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: 81480

Name of Operator: THOMAS L SPRING LLC

Address: 7400 E ORCHARD RD STE 106-S

City: GREENWOOD VILLAGE State: CO Zip: 80111

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>SPRING THOMAS</u>		<u>t1spring@aol.com</u>
<u>SPRING KATE</u>		<u>kathleenspring3@gmail.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 690200690

Inspection Date: 09/24/2020

FIR Submit Date: 09/29/2020

FIR Status: _____

Inspected Operator Information:

Company Name: THOMAS L SPRING LLC

Company Number: 81480

Address: 7400 E ORCHARD RD STE 106-S

City: GREENWOOD VILLAGE State: CO Zip: 80111

LOCATION - Location ID: 321228

Location Name: PIERSON-STATE-621S48W Number: 10E2NE County: BENT

Qtrqtr: E2NE Sec: 10 Twp: 21S Range: 48W Meridian: 6

Latitude: 38.241440 Longitude: -102.783110

FACILITY - API Number: 05-011-00 Facility ID: 206361

Facility Name: PIERSON-STATE Number: 1-10

Qtrqtr: E2NE Sec: 10 Twp: 21S Range: 48W Meridian: 6

Latitude: 38.241440 Longitude: -102.783110

CORRECTIVE ACTION:

1 CA# 142406

Corrective Action: Comply with 1004 Rules.

Date: 02/14/2019

Response: CA COMPLETED

Date of Completion: 10/14/2020

Operator Comment: The risers left on location belong to Steve Strachan of Strachan Exploration. We are working with Steve as he prepares a 502.b Variance Request as the risers tie in to the pipeline he owns and are still needed. We will work on reestablishing crop growth and submit another FIRR when the work is completed.

COGCC Decision: _____

COGCC
Representative:

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OPERATOR COMMENT AND SUBMITTAL

Comment:

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

Print Name: Kathleen Spring

Signed: _____

Title: Manager

Date: 10/14/2020 11:42:41 AM

ATTACHMENT LIST

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

Document Number **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files