

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:

402639004

Date Received:

03/24/2021

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: 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
<u>Pesicka, Conor</u>		<u>conor.pesicka@state.co.us</u>
<u>SCHNEIDE, JEFF R</u>	<u>970-867-9437</u>	<u>jeff@schneiderenergy.com</u>
<u>Bothwell, Kevin</u>	<u>(970) 867-9437</u>	<u>kbothwell@rivalservices.net</u>
		<u>dnr_cogccengineering@state.co.us</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 696303077
Inspection Date: 03/22/2021 FIR Submit Date: 03/22/2021 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: 317498

Location Name: APRIL-67N60W Number: 14SWNW County: WELD
Qtrqr: SWN Sec: 14 Twp: 7N Range: 60W Meridian: 6
W
Latitude: 40.576928 Longitude: -104.067168

FACILITY - API Number: 05-123-00 Facility ID: 238513

Facility Name: APRIL Number: 12-14
Qtrqr: SWN Sec: 14 Twp: 7N Range: 60W Meridian: 6
W
Latitude: 40.576928 Longitude: -104.067168

CORRECTIVE ACTIONS:

1 CA# 147537

Corrective Action: Well is overdue for Mechanical Integrity Test. MIT requires 10-day notification via Form 42. Well plugging requires an approved Form 6 Intent to Abandon to Plug Well.

Date: 06/25/2021

Response: CA COMPLETED

Date of Completion: 03/22/2021

Operator
Comment:

The Form 6 (Doc#402631800) has been submitted for approval to P&A this well.

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: Jeff Schneider

Signed: _____

Title: President

Date: 3/24/2021 3:41:53 PM

ATTACHMENT LIST

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

Document Number **Description**

402639054	Form 6
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Total Attach: 1 Files