

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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Document Number:
402705921

Date Received:
06/02/2021

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

3 of 3 CAs from the FIR responded to on this Form

3 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10396
Name of Operator: SWN PRODUCTION COMPANY LLC
Address: P.O. BOX 12359
City: SPRING State: TX Zip: 77389

Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Karen Maneotis</u>	<u>970-620-6099</u>	<u>karen_maneotis@swn.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 689805823
Inspection Date: 05/19/2021 FIR Submit Date: 05/26/2021 FIR Status: _____

Inspected Operator Information:

Company Name: SWN PRODUCTION COMPANY LLC Company Number: 10396
Address: P.O. BOX 12359
City: SPRING State: TX Zip: 77389

LOCATION - Location ID: 313132

Location Name: WALKER 7-93-12 Number: PAD1 County: MOFFAT
Qtrqr: SENE Sec: 12 Twp: 7N Range: 93W Meridian: 6
Latitude: 40.573440 Longitude: -107.775040

FACILITY - API Number: 05-081-00 Facility ID: 259508

Facility Name: WALKER Number: 12-1
Qtrqr: SENE Sec: 12 Twp: 7N Range: 93W Meridian: 6
Latitude: 40.573440 Longitude: -107.775040

CORRECTIVE ACTIONS:

1 CA# 151415

Corrective Action: Install bradenhead access and/or means of monitoring bradenhead pressure. Date: 06/25/2021

Response: CA COMPLETED Date of Completion: 06/02/2021

Operator Comment: check monthly with guage

COGCC Decision: _____

COGCC
Representative:

2 CA# 151416

Corrective Action: Install sign to comply with Rule 605.

Date: 07/26/2021

Response: CA COMPLETED

Date of Completion: 06/02/2021

Operator
Comment: put signs back up

COGCC Decision:

COGCC
Representative:

3 CA# 151417

Corrective Action: Comply with Rule 606.

Date: 06/02/2021

Response: CA COMPLETED

Date of Completion: 06/02/2021

Operator
Comment: spraying weeds

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: Karen Maneotis

Signed: _____

Title: Production Tech

Date: 6/2/2021 8:53:15 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