

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:
402770630

Date Received:
08/04/2021

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: 95960

Name of Operator: WEXPRO COMPANY

Address: P O BOX 45003

City: SALT LAKE CITY State: UT Zip: 84145-0601

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

April Stegall

307-352-7561

april.stegall@dominionenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 689806073

Inspection Date: 07/13/2021

FIR Submit Date: 07/22/2021

FIR Status: _____

Inspected Operator Information:

Company Name: WEXPRO COMPANY

Company Number: 95960

Address: P O BOX 45003

City: SALT LAKE CITY State: UT Zip: 84145-0601

LOCATION - Location ID: 313013

Location Name: F.WILSON-612N100W Number: 23NENW County: MOFFAT

Qtrqr: NENW Sec: 23 Twp: 12N Range: 100W Meridian: 6

Latitude: 40.992554 Longitude: -108.601284

FACILITY - API Number: 05-081- -00 Facility ID: 223312

Facility Name: F.WILSON Number: NO.29-E
(DD)

Qtrqr: NENW Sec: 23 Twp: 12N Range: 100W Meridian: 6

Latitude: 40.992554 Longitude: -108.601284

CORRECTIVE ACTIONS:

1 CA# 154047

Corrective Action: Comply with Rule 606.

Date: 08/05/2021

Response: CA COMPLETED

Date of Completion: 08/04/2021

Operator: Wexpro Company (contractor) completed the corrective action on the F Wilson 29EDD well pad on 8/4/2021.
Comment: Equipment area (working surface) of the pad was treated with a non-selective on 6/13/2021, and a selective was sprayed on the access road and interim reclamation portion of the pad on 8/4/2021.

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Wexpro Company (contractor) completed the corrective action on the F Wilson 29EDD well pad on 8/4/2021. Equipment area (working surface) of the pad was treated with a non-selective on 6/13/2021, and a selective was sprayed on the access road and interim reclamation portion of the pad on 8/4/2021.

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

Print Name: April Stegall

Signed: _____

Title: Reclamation Agent

Date: 8/4/2021 2:33:13 PM

ATTACHMENT LIST

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

Document Number **Description**

--	--

Total Attach: 0 Files