

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:

402763741

Date Received:

07/29/2021

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

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

2 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

Karen Maneotis

Phone

970-620-6099

Email

karen_maneotis@swn.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 689806043

Inspection Date: 07/09/2021

FIR Submit Date: 07/22/2021

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: 313339

Location Name: TICONDEROGA-67N93W Number: 2SESW County: MOFFAT

Qtrqr: SESW Sec: 2 Twp: 7N Range: 93W Meridian: 6

Latitude: 40.581120 Longitude: -107.803160

FACILITY - API Number: 05-081- -00 Facility ID: 288166

Facility Name: TICONDEROGA Number: 24-2

Qtrqr: SESW Sec: 2 Twp: 7N Range: 93W Meridian: 6

Latitude: 40.581120 Longitude: -107.803160

CORRECTIVE ACTIONS:

1 ☒ CA# 154021

Corrective Action: Comply with Rule 606.

Date: 08/23/2021

Response: CA COMPLETED

Date of Completion: 07/29/2021

Operator Comment: We will remove the tubing when the fire danger is not so high

COGCC Decision: Approved

COGCC
Representative:

2 ☒ CA# 154022

Corrective Action: Comply with Rule 606.

Date: 08/23/2021

Response: CA COMPLETED

Date of Completion: 07/29/2021

Operator Comment: We are under a stage 2 fire in Moffat county and we do not feel that it is safe to brush hog the area in case we caused sparks or a fire. Hope to be able to take care of in the spring when the ground has moisture.

COGCC Decision: Approved

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: 7/29/2021 10:30:18 AM

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>
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402763741	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files