

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: Approved pending re-inspection

COGCC  
Representative:

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**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**

402770630	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files