

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:
403126550

Date Received:
08/04/2022

FIR RESOLUTION FORM

Overall Status:

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: 77391-2359

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Russ Snowden

970-433-8987

russ_snowden@swn.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 702800499

Inspection Date: 07/26/2022

FIR Submit Date: 07/29/2022

FIR Status: _____

Inspected Operator Information:

Company Name: SWN PRODUCTION COMPANY LLC

Company Number: 10396

Address: P.O. BOX 12359

City: SPRING State: TX Zip: 77391-2359

LOCATION - Location ID: 313258

Location Name: CUTTHROAT-66N92W Number: 8SWNW County: _____

Qtrqr: SWN Sec: 8 Twp: 6N Range: 92W Meridian: 6

Latitude: 40.486580 Longitude: -107.751887

FACILITY - API Number: 05-081- -00 Facility ID: 313258

Facility Name: CUTTHROAT-66N92W Number: 8SWNW

Qtrqr: SWN Sec: 8 Twp: 6N Range: 92W Meridian: 6

Latitude: 40.486580 Longitude: -107.751887

CORRECTIVE ACTIONS:

1 CA# 163634

Corrective Action: Conduct weed management to prevent further establishment and spread of noxious weeds; ongoing weed management required until location passes final reclamation.

Date: 08/03/2022

Response: CA COMPLETED

Date of Completion: 08/03/2022

Operator
Comment:

Weeds were sprayed

COGCC Decision: _____

COGCC
Representative:

2 CA# 163635

Corrective Action: Comply with Rule 1002.f.(2)B. Clean or Remove impacted soils to Table 915-1 Cleanup Concentrations; comply with Rules 906.a through 906.d.

Date: 08/26/2022

Response: CA COMPLETED

Date of Completion: 08/03/2022

Operator
Comment:

The cement waste discharge was removed from location

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: Regulatory Specialist

Date: 8/4/2022 10:33:33 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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Total Attach: 0 Files