

State of Colorado
Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

403922675

Date Received:

09/16/2024

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

ECMC 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

swnsandwash@swn.com

liz_gee@swn.com

Karen Maneotis@swn.com

Neidel, Kris

kris.neidel@state.co.us

ECMC INSPECTION SUMMARY:

FIR Document Number: 696206163

Inspection Date: 08/21/2024

FIR Submit Date: 09/04/2024

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: 313149

Location Name: WALKER 7-93-12

Number: PAD5

County: _____

Qtrqr: CNE

Sec: 12

Twp: 7N

Range: 93W

Meridian: 6

Latitude: 40.575996

Longitude: -107.777727

FACILITY - API Number: 05-081-

-00

Facility ID: 313149

Facility Name: WALKER 7-93-12

Number: PAD5

Qtrqr: CNE

Sec: 12

Twp: 7N

Range: 93W

Meridian: 6

Latitude: 40.575996

Longitude: -107.777727

CORRECTIVE ACTIONS:

1 ☒ CA# 198349

Corrective Action: See "COGCC Comments" at the end of this report.

Date: 10/15/2024

Response: CA COMPLETED

Date of Completion: 09/11/2024

. The land owner has requested that the gravel remain on site. The power poles seen on the edge of pad do not belong to pad and all signage has been removed.

Operator _____
Comment: _____

ECMC Decision: **Not Approved** _____

ECMC Representative: See "ECMC Email Correspondence to SWN" document attached.

ECMC Supervisor: See "ECMC Email Correspondence to SWN" document attached.

OPERATOR COMMENT AND SUBMITTAL

Comment: The operator would like to be contacted prior to inspection so that a representative can be on location during this time

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: 9/16/2024 2:53:25 PM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
403922675	FIR RESOLUTION SUBMITTED
403926055	ECMC Email Correspondence to SWN

Total Attach: 2 Files