

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:
401275432
Date Received:
05/05/2017

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: 96705

Name of Operator: WPX ENERGY PRODUCTION LLC

Address: P O BOX 3102 MS-25-2

City: TULSA State: OK Zip: 74101

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Deborah Watson

5053331880

deborah.watson@wpxenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 674901616

Inspection Date: 04/20/2017

FIR Submit Date: 04/24/2017

FIR Status: _____

Inspected Operator Information:

Company Name: WPX ENERGY PRODUCTION LLC

Company Number: 96705

Address: P O BOX 3102 MS-25-2

City: TULSA State: OK Zip: 74101

LOCATION - Location ID: 311927

Location Name: BONDAD 33-9-N33N9W Number: 12NESW County: LA PLATA

Qtrqr: NESW Sec: 12 Twp: 33N Range: 9W Meridian: N

Latitude: 37.115449 Longitude: -107.780925

FACILITY - API Number: 05-067-00 Facility ID: 214646

Facility Name: BONDAD 33-9 Number: 19A

Qtrqr: NESW Sec: 12 Twp: 33N Range: 9W Meridian: N

Latitude: 37.115449 Longitude: -107.780925

CORRECTIVE ACTIONS:

1 CA# 71105

Corrective Action: Contact COGCC EPS staff for directives per Rule 905.b.

Date: 05/05/2017

Response: CA COMPLETED

Date of Completion: 04/26/2017

Operator
Comment:

WPX personnel contacted Mr. Jim Hughes at approximately 10:16 am on April 26, 2017 as requested per corrective action.

COGCC Decision: _____

COGCC
Representative:

2 CA# 71106

Corrective Action: Contact COGCC EPS staff for directives per Rule 905.b.

Date: 05/05/2017

Response: CA COMPLETED

Date of Completion: 04/26/2017

Operator
Comment:

WPX contacted Mr. Jim Hughes on at approximately 10:16 am on April 26, 2017, per corrective action.

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: Deborah Watson

Signed:

Title: Environmental Specialist

Date: 5/5/2017 8:48:46 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