

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:
401390662
Date Received:
08/30/2017

FIR RESOLUTION FORM

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: 10396
Name of Operator: SWN PRODUCTION COMPANY LLC
Address: PO BOX 12359
City: SPRING State: TX Zip: 77391
Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
Karen Maneotis		karen_maneotis@swn.com
		swnsandwash@swn.com
		Sydney_Hansen@swn.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 680102104
Inspection Date: 08/08/2017 FIR Submit Date: 08/16/2017 FIR Status: _____

Inspected Operator Information:

Company Name: SWN PRODUCTION COMPANY LLC Company Number: 10396
Address: PO BOX 12359
City: SPRING State: TX Zip: 77391

LOCATION - Location ID: 313149

Location Name: WALKER 7-93-12 Number: PAD5 County: MOFFAT
Qtrqr: CNE Sec: 12 Twp: 7N Range: 93W Meridian: 6
Latitude: 40.576120 Longitude: -107.777750

FACILITY - API Number: 05-081-00 Facility ID: 262677

Facility Name: WALKER Number: 12-5
Qtrqr: CNE Sec: 12 Twp: 7N Range: 93W Meridian: 6
Latitude: 40.576120 Longitude: -107.777750

CORRECTIVE ACTIONS:

1 ☒ CA# 93370

Corrective Action: Control Noxious Weeds. Mature plants have near to fully formed seed heads; Rosettes and 1st year plants are still green and susceptible to controls. Weed Control, Monitoring program and schedule need to be developed and in place by 8/31/17;

Date: 08/31/2017

Response: CA COMPLETED Date of Completion: 08/29/2017

Weeds were sprayed 8-29-17 and we will continue to monitor the area and spray as needed as well as in the spring.

Operator _____
Comment: _____

COGCC Decision: Approved pending re-inspection

COGCC
Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: We sprayed the weeds 8-29-17 and will monitor the pad this fall and respray as needed. We will spray again in spring.

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: Team Assistant

Date: 8/30/2017 6:56:19 AM

ATTACHMENT LIST

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

Document Number **Description**

401390662	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files