

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:

401407545

Date Received:

09/19/2017

FIR RESOLUTION FORM

CA Summary:

3 of 3 CAs from the FIR responded to on this Form

3 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	832-796-5367	karen_maneotis@swn.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 689800262
Inspection Date: 09/11/2017 FIR Submit Date: 09/13/2017 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: 428856

Location Name: SIMOES Number: 22-30 County: MOFFAT
Qtrqr: LOT 10 Sec: 30 Twp: 6N Range: 90W Meridian: 6
Latitude: 40.450678 Longitude: -107.536478

FACILITY - API Number: 05-081-00 Facility ID: 428857

Facility Name: SIMOES Number: 22-30
Qtrqr: LOT 10 Sec: 30 Twp: 6N Range: 90W Meridian: 6
Latitude: 40.450678 Longitude: -107.536478

CORRECTIVE ACTIONS:

1 CA# 101330

Corrective Action: Comply with Rule 603.f. Date: 09/27/2017

Response: CA COMPLETED Date of Completion: 09/19/2017

Operator Comment: Sign is standing it had fallen and it is now standing.

COGCC Decision: Approved pending re-inspection

COGCC Representative:

[Empty text box for COGCC Representative]

2 CA# 101331

Corrective Action: Install sign to comply with Rule 210.b.

Date: 10/13/2017

Response: CA COMPLETED

Date of Completion: 09/19/2017

Operator Comment: Weeds have been sprayed

COGCC Decision: Approved pending re-inspection

COGCC Representative:

[Empty text box for COGCC Representative]

3 CA# 101332

Corrective Action: Comply with Rule 603.f .

Date: 10/13/2017

Response: CA COMPLETED

Date of Completion: 09/19/2017

Operator Comment: The equipment that is present is going to be used.

COGCC Decision: **Not Approved**

COGCC Representative:

[Empty text box for COGCC Representative]

OPERATOR COMMENT AND SUBMITTAL

Comment:

[Empty text box for Operator 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: Team Assistant

Date: 9/19/2017 1:56:38 PM

ATTACHMENT LIST

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

Document Number **Description**

401407545 FIR RESOLUTION SUBMITTED

Total Attach: 1 Files