

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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Document Number:
402264860

Date Received:
12/17/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 7 CAs from the FIR responded to on this Form

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 100264

Name of Operator: XTO ENERGY INC

Address: 110 W 7TH STREET

City: FORTH WORTH State: TX Zip: 76102

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Jessica Dooling</u>	<u>970-675-4122</u>	<u>jessica_dooling@xtoenergy.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 699700068

Inspection Date: 11/13/2019

FIR Submit Date: 12/04/2019

FIR Status: _____

Inspected Operator Information:

Company Name: XTO ENERGY INC

Company Number: 100264

Address: 110 W 7TH STREET

City: FORTH WORTH State: TX Zip: 76102

LOCATION - Location ID: _____

Location Name: _____ Number: _____ County: _____

Qtrqtr: NWSE Sec: 15 Twp: 1S Range: 97W Meridian: 6

Latitude: 39.963402 Longitude: -108.266120

FACILITY - API Number: 05-103-00 Facility ID: 469300

Facility Name: SPILL/RELEASE POINT Number: 441601

Qtrqtr: NWSE Sec: 15 Twp: 1S Range: 97W Meridian: 6

Latitude: 39.963402 Longitude: -108.266120

CORRECTIVE ACTIONS:

4 CA# 135095

Corrective Action: Properly treat or dispose of oily waste in accordance with 907.e.

Date: 12/19/2019

Response: CA COMPLETED

Date of Completion: 12/17/2019

Operator Comment: Based on 12/17/2019 conversation with J. Heil, impacted soil will be disposed of as discussed in Spill ID 469300. J. Heil gave approval to mark the CA as completed, impacted soil disposal information will be included in Spill ID 469300 Notice of Completion.

COGCC Decision: _____

COGCC
Representative: _____

5 CA# 135096

Corrective Action: Securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 605.d.

Date: 12/19/2019

Response: CA COMPLETED

Date of Completion: 12/13/2019

Operator Comment: 12/13/2019 valve repaired and bucket removed, see attached photo

COGCC Decision: _____

COGCC
Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: All corrective actions have been completed.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Jessica Dooling

Signed: _____

Title: Regulatory Coordinator

Date: 12/17/2019 9:00:42 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>
402264871	20131213 Valve repaired & bucket removed photo

Total Attach: 1 Files