

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:

402413972

Date Received:

06/05/2020

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: 10559

Name of Operator: SOUTHLAND ROYALTY COMPANY LLC

Address: 400 WEST 7TH STREET

City: FORT WORTH State: TX Zip: 76102

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Blaylock, Connie

817-334-7882

cblaylock@mspartners.com

Hampton, John

505-330-4377

jhampton@cdfieldsvcs.com

Howe, Mike

MHowe@ctfieldsvcs.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 693901805

Inspection Date: 05/15/2020

FIR Submit Date: 05/19/2020

FIR Status: _____

Inspected Operator Information:

Company Name: SOUTHLAND ROYALTY COMPANY LLC

Company Number: 10559

Address: 400 WEST 7TH STREET

City: FORT WORTH State: TX Zip: 76102

LOCATION - Location ID: 320893

Location Name: DUNGAN 32-5-N32N5W Number: 5SESW County: ARCHULETA

Qtrqr: SESW Sec: 5 Twp: 32N Range: 5W Meridian: N

Latitude: 37.041120 Longitude: -107.419560

FACILITY - API Number: 05-007-

-00

Facility ID: 283339

Facility Name: DUNGAN 32-5 Number: 5-4

Qtrqr: SESW Sec: 5 Twp: 32N Range: 5W Meridian: N

Latitude: 37.041120 Longitude: -107.419560

CORRECTIVE ACTIONS:

1 CA# 139158

Corrective Action: Remove and properly dispose of weed debris.

Date: 06/19/2020

Response: CA COMPLETED

Date of Completion: 06/01/2020

Operator Comment: Weeds have been removed and debris disposed.

COGCC Decision: _____

COGCC
Representative:

2 CA# 139159

Corrective Action: Stormwater controls need to be installed to stabilize erosion within the project area.

Date: 06/19/2020

Response: CA COMPLETED

Date of Completion: 06/01/2020

Operator
Comment:

Stormwater controls have been installed.

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: CAs 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: Connie Blaylock

Signed: _____

Title: Regulatory Analyst

Date: 6/5/2020 8:36:10 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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402413989	Stormwater control installed
402413991	Weeds removed

Total Attach: 2 Files