

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

402503145

Date Received:

10/05/2020

FIR RESOLUTION FORM

Overall Status: FRQ

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

0 CA Completed
1 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 81480

Name of Operator: THOMAS L SPRING LLC

Address: 7400 E ORCHARD RD STE 106-S

City: GREENWOOD VILLAGE State: CO Zip: 80111

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Arthur, Denise</u>		<u>denise.arthur@state.co.us</u>
<u>SPRING THOMAS</u>		<u>t1spring@aol.com</u>
<u>SPRING KATE</u>		<u>kathleenspring3@gmail.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 690200696

Inspection Date: 09/24/2020

FIR Submit Date: 09/29/2020

FIR Status: _____

Inspected Operator Information:

Company Name: THOMAS L SPRING LLC

Company Number: 81480

Address: 7400 E ORCHARD RD STE 106-S

City: GREENWOOD VILLAGE State: CO Zip: 80111

LOCATION - Location ID: 321225

Location Name: J C-STATE-621S48W Number: 11SWNE County: BENT

Qtrqtr: SWNE Sec: 11 Twp: 21S Range: 48W Meridian: 6

Latitude: 38.239550 Longitude: -102.768170

FACILITY - API Number: 05-011-00

Facility ID: 206347

Facility Name: J C-STATE Number: 32-11

Qtrqtr: SWNE Sec: 11 Twp: 21S Range: 48W Meridian: 6

Latitude: 38.239550 Longitude: -102.768170

CORRECTIVE ACTIIONS:

1 CA# 142409

Corrective Action: Comply with 1004 Rules.

Date: 05/21/2019

Response: FACTUAL REVIEW REQUEST

Basis for Review: Findings are inappropriately tied to multiple wells

All equipment on location is still being used by a different well we operate, JC #2, API #05-011-06176. The

Operator Comment: access road is still being used as well to access the equipment on location for the JC #2. We are scheduling a mower for later this week to remove all undesirable weeds on both the location and along the access road. We will submit a new FIRR corrective action response when the mowing job is complete.

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: Kathleen Spring

Signed: _____

Title: Manager

Date: 10/5/2020 10:56:50 AM

ATTACHMENT LIST

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

Document Number **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files