

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:
403209927

Date Received:
10/27/2022

FIR RESOLUTION FORM

Overall Status:

CA Summary:

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

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 25250
Name of Operator: DUGAN PRODUCTION CORP
Address: P O BOX 420
City: FARMINGTON State: NM Zip: 87499-0420
Contact Name and Telephone:
Name:
Phone: () Fax: ()
Email:

Additional Operator Contact:

Contact Name	Phone	Email
Alexander, John		johncalexander@duganproduction.com
Smaka, Kevin		kevin.smaka@duganproduction.com
Labowskie, Steve		steve.labowskie@state.co.us
Foutz, Marty		marty.foutz@duganproduction.com
Feil, Tyra		tyrafeil@duganproduction.com
Heslop, Jason		Jason.Heslop@duganproduction.com
Wheeler, Cody		Cody.Wheeler@duganproduction.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 702500652
Inspection Date: 10/25/2022 FIR Submit Date: 10/24/2022 FIR Status:

Inspected Operator Information:

Company Name: DUGAN PRODUCTION CORP Company Number: 25250
Address: P O BOX 420
City: FARMINGTON State: NM Zip: 87499-0420

LOCATION - Location ID: 325498

Location Name: TIFFANY-N32N7W Number: 11NENW County: LA PLATA
Qtrqr: NENW Sec: 11 Twp: 32N Range: 7W Meridian: N
Latitude: 37.035760 Longitude: -107.581670

FACILITY - API Number: 05-067-00 Facility ID: 214894

Facility Name: TIFFANY Number: 1
Qtrqr: NENW Sec: 11 Twp: 32N Range: 7W Meridian: N
Latitude: 37.035760 Longitude: -107.581670

CORRECTIVE ACTIONS:

1 CA# 165651

Corrective Action: Apply Out of Service Locked and Tagged on unused flow line per rule 1101.a(3) Date: 10/27/2022

Response: CA COMPLETED Date of Completion: 10/26/2022

Operator
Comment: Locked and tagged flowline near separator & near wellhead.

COGCC Decision: _____

COGCC
Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective Action for Equipment correction (flowline locked & tagged) completed.

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

Print Name: Tyra M. Feil Signed: _____

Title: Engineering Assistant Date: 10/27/2022 9:35:56 AM

ATTACHMENT LIST

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

Document Number Description

403209939	Locked & tagged on out of use line near separator & out of use line near wellhead
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Total Attach: 1 Files