

State of Colorado
Energy & Carbon Management Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:
403717356

Date Received:
03/13/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

10 of 10 CAs from the FIR responded to on this Form

10 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC Operator Number: 8455
Name of Operator: BIG RUN PRODUCTION COMPANY
Address: 318 WEST RUSK
City: TYLER State: TX Zip: 75701

Contact Name and Telephone:
Name:
Phone: () Fax: ()
Email:

Additional Operator Contact:

Contact Name	Phone	Email
Kane, Alexa		alexrkane@gmail.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 700300642
Inspection Date: 07/10/2023 FIR Submit Date: 07/13/2023 FIR Status:

Inspected Operator Information:

Company Name: BIG RUN PRODUCTION COMPANY Company Number: 8455
Address: 318 WEST RUSK
City: TYLER State: TX Zip: 75701

LOCATION - Location ID: 333079

Location Name: ARGENTA FEE-N32N6W Number: 11SWNW County: ARCHULETA
Qtrqtr: NWN Sec: 11 Twp: 32N Range: 6W Meridian: N
W
Latitude: 37.035740 Longitude: -107.474515

FACILITY - API Number: 05-007-00 Facility ID: 205173

Facility Name: ARGENTA FEE Number: 18
Qtrqtr: NWN Sec: 11 Twp: 32N Range: 6W Meridian: N
W
Latitude: 37.035740 Longitude: -107.474515

CORRECTIVE ACTIONS:

1 CA# 175350

Corrective Action: keep areas within 25' of equipment clear of weeds and combustible material Date: 07/27/2023

Response: CA COMPLETED Date of Completion: 03/04/2024

Operator Comment: Removed weeds and combustible material around equipment.

ECMC Decision:

ECMC
Representative:

2 CA# 175351

Corrective Action:

Date: 08/13/2023

Response: CA COMPLETED

Date of Completion: 12/29/2023

Operator
Comment:

ECMC Decision: _____

ECMC
Representative:

3 CA# 175352

Corrective Action:

Date: 08/13/2023

Response: CA COMPLETED

Date of Completion: 03/04/2024

Operator
Comment:

ECMC Decision: _____

ECMC
Representative:

4 CA# 175353

Corrective Action:

Date: 08/13/2023

Response: CA COMPLETED

Date of Completion: 03/08/2024

Operator
Comment:

ECMC Decision: _____

ECMC
Representative:

5 CA# 175354

Corrective Action:

Date: 08/13/2023

Response: CA COMPLETED

Date of Completion: 03/04/2024

Operator
Comment:

ECMC Decision: _____

ECMC
Representative:

6 CA# 175355

Corrective Action:

Date: 08/13/2023

Response: CA COMPLETED

Date of Completion: 03/04/2024

Operator Comment: Removed chemical barrels and lube oil barrels. Pumpjack isn't ran continuously to minimize rod wear but will remain on location for intermittent artificial lift operations

ECMC Decision: _____

ECMC Representative: _____

7 CA# 175356

Corrective Action: Post proper emergency services number per Rule 605

Date: 08/13/2023

Response: CA COMPLETED

Date of Completion: 02/15/2024

Operator Comment: Added emergency services numbers

ECMC Decision: _____

ECMC Representative: _____

8 CA# 175359

Corrective Action: Clean up area around Argenta 18 well, remove unused equipment, self inspect for impacted material and remove. Repair wildlife screen at Argenta 19 well and install plug on top of chemical barrel. Per Rules 1002.f and 602.c

Date: 07/27/2023

Response: CA COMPLETED

Date of Completion: 03/04/2024

Operator Comment: Removed barrels and cleaned up area around Argenta 18

ECMC Decision: _____

ECMC Representative: _____

9 CA# 175913

Corrective Action: Conduct annual bradenhead test and submit via electronic Form 17 within 10 days of test and begin monthly monitoring per Rule 419

Date: _____

Response: CA COMPLETED

Date of Completion: 12/29/2023

Operator Comment: Conducted bradenhead tests on the Argenta 18 and Argenta 19 and began monthly monitoring

ECMC Decision: _____

ECMC Representative: _____

10 CA# 175914

Corrective Action: Conduct annual bradenhead test and submit via electronic Form 17 within 10 days of test and begin monthly monitoring per Rule 419

Date: _____

Response: CA COMPLETED

Date of Completion: 12/29/2023

Operator Comment: Conducted bradenhead tests on the Argenta 18 and Argenta 19 and began monthly monitoring

ECMC Decision: _____

ECMC
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: Craig Reid

Signed: _____

Title: Agent

Date: 3/13/2024 1:58:58 PM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
403717356	FIR RESOLUTION SUBMITTED
403717455	Remedial Report

Total Attach: 2 Files