

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:

403915687

Date Received:

09/10/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

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

0 CA Completed
1 Factual Review Request

OPERATOR INFORMATION

ECMC Operator Number: 10396

Name of Operator: SWN PRODUCTION COMPANY LLC

Address: P.O. BOX 12359

City: SPRING State: TX Zip: 77391-2359

Contact Name and Telephone:

Name:

Phone: () Fax: ()

Email:

Additional Operator Contact:

Contact Name

Phone

Email

Neidel, Kris

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ECMC INSPECTION SUMMARY:

FIR Document Number: 696206163

Inspection Date: 08/21/2024

FIR Submit Date: 09/04/2024

FIR Status:

Inspected Operator Information:

Company Name: SWN PRODUCTION COMPANY LLC

Company Number: 10396

Address: P.O. BOX 12359

City: SPRING State: TX Zip: 77391-2359

LOCATION - Location ID: 313149

Location Name: WALKER 7-93-12 Number: PAD5 County:

Qtrqtr: CNE Sec: 12 Twp: 7N Range: 93W Meridian: 6

Latitude: 40.575996 Longitude: -107.777727

FACILITY - API Number: 05-081-00 Facility ID: 313149

Facility Name: WALKER 7-93-12 Number: PAD5

Qtrqtr: CNE Sec: 12 Twp: 7N Range: 93W Meridian: 6

Latitude: 40.575996 Longitude: -107.777727

CORRECTIVE ACTIONS:

1 CA# 198349

Corrective Action: See "COGCC Comments" at the end of this report.

Date: 10/15/2024

Response: FACTUAL REVIEW REQUEST

Basis for Review: Corrective action dates are not attainable

Weed spraying and reseeding was successfully completed in June 2024. However, due to unforeseen

Operator Comment: circumstances, including unusually dry conditions and lack of rainfall, weeds reemerged before a scheduled inspection. Given the approaching change in seasons, reapplying the spray before Spring 2025 would be inefficient. The landowner has requested that the gravel remain on site. The pit mentioned is a separate location (FAC ID 427372).

ECMC Decision: _____

ECMC Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: The operator would like to be contacted prior to inspection so that a representative can be on location during this time.

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

Print Name: Elizabeth Gee

Signed: _____

Title: Regulatory Supervisor

Date: 9/10/2024 1:35:49 PM

ATTACHMENT LIST

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

Document Number **Description**

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Total Attach: 0 Files