

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:  
403150560

Date Received:  
08/30/2022

**FIR RESOLUTION FORM**

Overall Status: CAC

CA Summary:

1 of 4 CAs from the FIR responded to on this Form

1 CA Completed  
0 Factual Review Request

**OPERATOR INFORMATION**

OGCC Operator Number: 95960

Name of Operator: WEXPRO COMPANY

Address: P O BOX 45003

City: SALT LAKE CITY State: UT Zip: 84145-0601

Contact Name and Telephone:

Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Additional Operator Contact:

Contact Name

Phone

Email

April Stegall

307-352-7561

april.stegall@dominionenergy.com

**COGCC INSPECTION SUMMARY:**

FIR Document Number: 701103421

Inspection Date: 08/04/2022

FIR Submit Date: 08/09/2022

FIR Status: \_\_\_\_\_

**Inspected Operator Information:**

Company Name: WEXPRO COMPANY

Company Number: 95960

Address: P O BOX 45003

City: SALT LAKE CITY State: UT Zip: 84145-0601

**LOCATION** - Location ID: 312856

Location Name: WILSON, F-612N100W Number: 22SWNW County: \_\_\_\_\_

Qtrqr: SWN Sec: 22 Twp: 12N Range: 100W Meridian: 6  
W

Latitude: 40.987386 Longitude: -108.626617

**FACILITY** - API Number: 05-081-00 Facility ID: 312856

Facility Name: WILSON, F-612N100W Number: 22SWNW

Qtrqr: SWN Sec: 22 Twp: 12N Range: 100W Meridian: 6  
W

Latitude: 40.987386 Longitude: -108.626617

**CORRECTIVE ACTIONS:**

1  CA# 163843

Corrective Action: Comply with Rule 606

Date: 08/27/2022

Response: CA COMPLETED

Date of Completion: 08/23/2022

Operator Comment: Corrective action completed. Bareground spraying was completed on 6/3/22 and noxious spraying was completed on 8/23/22.

COGCC Decision: Approved pending re-inspection

COGCC  
Representative:

**OPERATOR COMMENT AND SUBMITTAL**

Comment: Corrective action completed. Bareground spraying was completed on 6/3/22 and noxious spraying was completed on 8/23/22.

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

Print Name: April Stegall

Signed: \_\_\_\_\_

Title: Reclamation Agent

Date: 8/30/2022 6:33:15 AM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

403150560	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files