

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:
402208769

Date Received:
10/14/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

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

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10351

Name of Operator: WAPITI OPERATING LLC

Address: 1310 W SAM HOUSTON PKWY N

City: HOUSTON State: TX Zip: 77043

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Randy Madison</u>	<u>575-445-6706</u>	<u>rmadison@wapitienergy.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 689901299

Inspection Date: 09/23/2019

FIR Submit Date: 09/25/2019

FIR Status: _____

Inspected Operator Information:

Company Name: ARP PRODUCTION COMPANY LLC

Company Number: 10471

Address: 425 HOUSTON STREET SUITE 300

City: FORTH WORTH State: TX Zip: 76102

LOCATION - Location ID: 308004

Location Name: VPR C-634S66W Number: 32SESW County: LAS ANIMAS

Qtrqr: SESW Sec: 32 Twp: 34S Range: 66W Meridian: 6

Latitude: 37.037100 Longitude: -104.806540

FACILITY - API Number: 05-071-00 Facility ID: 260125

Facility Name: VPR C Number: 84

Qtrqr: SESW Sec: 32 Twp: 34S Range: 66W Meridian: 6

Latitude: 37.037100 Longitude: -104.806540

CORRECTIVE ACTIONS:

1 CA# 131069

Corrective Action: Comply with Rule 1003.f.
Control noxious weeds.

Date: 07/11/2019

Response: CA COMPLETED

Date of Completion: 10/07/2019

Operator Comment: Noxious weeds were cut and bagged along the lease road. The location was walked and any noxious weeds were cut and disposed of properly.

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: The green weeds were cut and bagged. There were a few weeds that had gone to seed or were still flowered that were cut and bagged and disposed of properly. The area will be sprayed in the spring of 2020 per the weed plan that has been submitted.

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

Print Name: Randy Madison

Signed: _____

Title: HSE Specialist

Date: 10/14/2019 1:36:53 PM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
402208780	Weed Remediation C-84 Photo 1
402208788	Weed Remediation C-84 Photo 2

Total Attach: 2 Files