

State of Colorado
Energy & Carbon Management Commission



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Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:

403508746

Date Received:

08/28/2023

FIR RESOLUTION FORM

Overall Status:

CA Summary:

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

2 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

Heslop, Jason

Jason.Heslop@duganproduction.com

Wheeler, Cody

Cody.Wheeler@duganproduction.com

Alexander, John

johncalexander@duganproduction.com

Foutz, Marty

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Labowskie, Steve

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Feil, Tyra

tyrafeil@duganproduction.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 712700526

Inspection Date: 08/15/2023

FIR Submit Date: 08/17/2023

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: 325497

Location Name: TIFFANY-N32N7W

Number: 11SWSE

County: LA PLATA

Qtrqtr: SWSE

Sec: 11

Twp: 32N

Range: 7W

Meridian: N

Latitude: 37.027070

Longitude: -107.573650

FACILITY - API Number: 05-067-

-00

Facility ID: 214893

Facility Name: TIFFANY

Number: 2

Qtrqtr: SWSE

Sec: 11

Twp: 32N

Range: 7W

Meridian: N

Latitude: 37.027070

Longitude: -107.573650

CORRECTIVE ACTIONS:

1 CA# 178800

Corrective Action: Remove containers per Rule 603.f.

Date: 10/08/2019

Response: CA COMPLETED

Date of Completion: 08/25/2023

Operator Comment: Containers were removed from location.

COGCC Decision: _____

COGCC Representative: _____

2 CA# 178801

Corrective Action: Perform annual bradenhead test and submit Form 17 per Rule 419.c.

Date: _____

Response: CA COMPLETED

Date of Completion: 09/07/2022

Operator Comment: Bradenhead test completed prior to due date (completed 9/7/2022).

COGCC Decision: _____

COGCC 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: Tyra M. Feil

Signed: _____

Title: Engineering Assistant

Date: 8/28/2023 3:01:42 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>
403512930	Photo of area where plastic containers along sound wall have been removed.
403512932	Form 17 showing date of Bradenhead test performed on well (9/7/22)

Total Attach: 2 Files