

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:

403508746

Date Received:

08/28/2023

FIR RESOLUTION FORM

Overall Status: CAC

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
<u>Heslop, Jason</u>		<u>Jason.Heslop@duganproduction.com</u>
<u>Wheeler, Cody</u>		<u>Cody.Wheeler@duganproduction.com</u>
<u>Alexander, John</u>		<u>johncalexander@duganproduction.com</u>
<u>Foutz, Marty</u>		<u>Marty.Foutz@duganproduction.com</u>
<u>Labowskie, Steve</u>		<u>steve.labowskie@state.co.us</u>
<u>Feil, Tyra</u>		<u>tyrafeil@duganproduction.com</u>

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
Qtrqr: 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
Qtrqr: 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

Date Run: 8/30/2023 Doc [#403508746]

Operator Comment: Containers were removed from location.

COGCC Decision: Approved

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: Approved

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>
403508746	FIR RESOLUTION SUBMITTED
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: 3 Files