

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:

401505815

Date Received:

01/08/2018

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: 10133

Name of Operator: HILCORP ENERGY COMPANY

Address: P O BOX 61229

City: HOUSTON State: TX Zip: 77208

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
Ray, Mandi	(505) 324-5122	mray@hilcorp.com
Fischer, Alex		alex.fischer@state.co.us
Shorty, Priscilla	(505) 324-5188	pshorty@hilcorp.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 674901996

Inspection Date: 12/11/2017

FIR Submit Date: 12/15/2017

FIR Status: _____

Inspected Operator Information:

Company Name: HILCORP ENERGY COMPANY

Company Number: 10133

Address: P O BOX 61229

City: HOUSTON State: TX Zip: 77208

LOCATION - Location ID: 326584

Location Name: ALLISON UNIT-N32N7W Number: 24SESW County: LA PLATA

Qtrqtr: SESW Sec: 24 Twp: 32N Range: 7W Meridian: N

Latitude: 37.002560 Longitude: -107.560470

FACILITY - API Number: 05-067-00 Facility ID: 258298

Facility Name: ALLISON UNIT Number: 147

Qtrqtr: SESW Sec: 24 Twp: 32N Range: 7W Meridian: N

Latitude: 37.002560 Longitude: -107.560470

CORRECTIVE ACTIONS:

1 CA# 113424

Corrective Action: Control and contain spills/releases and clean up per Rule 906.a. Contact COGCC EPS staff.

Date: 01/15/2018

Response: CA COMPLETED

Date of Completion: 12/19/2017

Operator Comment: Oil Soaker put down

COGCC Decision: _____

COGCC
Representative:

2 CA# 113425

Corrective Action: Control and contain spills/releases and clean up per Rule 906.a. Contact COGCC EPS staff.

Date: 01/15/2018

Response: CA COMPLETED

Date of Completion: 12/19/2017

Operator Comment: Wellhead and surrounding area cleaned.

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: Amanda Ray

Signed: _____

Title: Operation/Regulatory Tech

Date: 1/8/2018 9:39:06 AM

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>
401505820	Cleaned wellhead
401505821	Oil Soak

Total Attach: 2 Files