

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:
401654903
Date Received:
05/29/2018

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: 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
<u>Ray, Mandy</u>	<u>(505) 599-4083</u>	<u>mray@hilcorp.com</u>
<u>Shorty, Priscilla</u>	<u>(505) 324-5188</u>	<u>pshorty@hilcorp.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 680602602
Inspection Date: 04/12/2018 FIR Submit Date: 04/23/2018 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: 333605

Location Name: MCCULLOGH-M34N10W Number: 34NWSW County: LA PLATA
Qtrqr: NWS Sec: 34 Twp: 34N Range: 10W Meridian: M
W
Latitude: 37.144600 Longitude: -107.926870

FACILITY - API Number: 05-067- -00 Facility ID: 214835

Facility Name: MCCULLOGH Number: 1
Qtrqr: NWS Sec: 34 Twp: 34N Range: 10W Meridian: M
W
Latitude: 37.144600 Longitude: -107.926870

CORRECTIVE ACTIIONS:

1 CA# 116009

Corrective Action: Well pad berms need further compaction or revegetation. Areas with exposed bare soils such as repaired erosional channels and cut-slopes need revegetation. Erosion controls such as mulch, erosion control fabric, etc. may be needed to stabilize slopes until vegetation is established. Stormwater controls are needed in the northeastern project area to de-energize and filter diverted stormwater flows exiting the project area.

Date: 05/31/2018

Response: CA COMPLETED Date of Completion: 05/25/2018

Operator Comment: All corrective action requests have been established. See attached documents for further details and photos of these corrected actions.

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: Priscilla Shorty

Signed: _____

Title: Operations Reg Technician

Date: 5/29/2018 6:00:01 AM

ATTACHMENT LIST

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

Document Number **Description**

401654904	McCulloch 1 Corrective Actions
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Total Attach: 1 Files