

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:
401627934
Date Received:
05/02/2018

FIR RESOLUTION FORM

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
Fischer, Alex		alex.fischer@state.co.us
Ray, Mandi	505-324-5122	mray@hilcorp.com
Shorty, Priscilla		pshorty@hilcorp.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 688800017
Inspection Date: 03/20/2018 FIR Submit Date: 03/20/2018 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: 325458

Location Name: DOWLER-M34N9W Number: 30NESW County: LA PLATA
Qtrqtr: NESW Sec: 30 Twp: 34N Range: 9W Meridian: M
Latitude: 37.159410 Longitude: -107.869870

FACILITY - API Number: 05-067-00 Facility ID: 214802

Facility Name: DOWLER Number: 1A
Qtrqtr: NESW Sec: 30 Twp: 34N Range: 9W Meridian: M
Latitude: 37.159410 Longitude: -107.869870

CORRECTIVE ACTIONS:

1 CA# 115048

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

Date: 03/23/2018

Response: CA COMPLETED Date of Completion: 05/02/2018

Spill Report submitted to COGCC on 5/2/2018

Operator _____
Comment: _____

COGCC Decision: **Not Approved**

COGCC Representative: Release was reported by COGCC staff on 3/20/18. Initial Spill Report document #401627579 was received on 5/8/18. COA on that document required compliance with Rule 906.b on all future Form 19 Initial and Supplemental spill reports. To date a supplemental spill report has not been received by the COGCC SW EPS.

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: 5/2/2018 2:35:12 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>
401627934	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files