

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:
401739439
Date Received:
08/21/2018

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

4 of 4 CAs from the FIR responded to on this Form

4 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
Shorty, Priscilla		pshorty@hilcorp.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 685200525
Inspection Date: 07/24/2018 FIR Submit Date: 07/31/2018 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: 325959

Location Name: ALLISON UNIT-N32N6W Number: 21NWNW County: LA PLATA
Qtrqr: NWN Sec: 21 Twp: 32N Range: 6W Meridian: N
Latitude: 37.006780 Longitude: -107.511360

FACILITY - API Number: 05-067-00 Facility ID: 215634

Facility Name: ALLISON UNIT Number: 137
Qtrqr: NWN Sec: 21 Twp: 32N Range: 6W Meridian: N
Latitude: 37.006780 Longitude: -107.511360

CORRECTIVE ACTIIONS:

1 CA# 117728

Corrective Action: Repair tanks labels/placards per Rule 210 Date: 09/09/2018

Response: CA COMPLETED Date of Completion: 08/15/2018

Operator Comment: The tank labels/placards have been repaired. See attached photos

COGCC Decision: _____

COGCC Representative: _____

2 CA# 117729

Corrective Action: Submit ammended Form 2A for compressor for approval

Date: 08/31/2018

Response: CA COMPLETED

Date of Completion: 08/15/2018

Operator Comment: Talked to Dave Kubeczko, COGCC, and he stated that a Form 2A was not necessary. He recommended that a Form 4 be submitted. The Form 4 for the compressor was submitted on 8/15/2018.

COGCC Decision: _____

COGCC Representative: _____

3 CA# 117730

Corrective Action: Use or remove parts, dispose of debris.

Date: 08/31/2018

Response: CA COMPLETED

Date of Completion: 08/15/2018

Operator Comment: Debris have been removed from well location. See attached photos.

COGCC Decision: _____

COGCC Representative: _____

4 CA# 117731

Corrective Action: mark anchor

Date: 08/31/2018

Response: CA COMPLETED

Date of Completion: 08/15/2018

Operator Comment: The anchors have been marked. See attached photos.

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: OperationsRegulatory Tech

Date: 8/21/2018 1:24:16 PM

ATTACHMENT LIST

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

Document Number **Description**

401739465	Allison Unit 137 Photos
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Total Attach: 1 Files