

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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Document Number:
401776843
Date Received:
09/27/2018

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
Shorty, Priscilla	505-324-5188	pshorty@hilcorp.com
Ray, Mandi	505-324-5122	mray@hilcorp.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 685305317
Inspection Date: 09/05/2018 FIR Submit Date: 09/07/2018 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: 325300

Location Name: SQUIRES-N32N7W Number: 1NENE County: LA PLATA
Qtrqtr: NENE Sec: 1 Twp: 32N Range: 7W Meridian: N
Latitude: 37.051110 Longitude: -107.554590

FACILITY - API Number: 05-067-00 Facility ID: 214515

Facility Name: SQUIRES Number: 1
Qtrqtr: NENE Sec: 1 Twp: 32N Range: 7W Meridian: N
Latitude: 37.051110 Longitude: -107.554590

CORRECTIVE ACTIONS:

1 CA# 118506

Corrective Action: Remove thistle and implement weed control measures to prevent further spread and growth of Thistle to comply with Rule 1003.f. Date: 10/10/2018

Response: CA COMPLETED Date of Completion: 09/27/2018

Operator Comment: The thistles have been removed and weeds have been prayed for control. See attached photos.

COGCC Decision: _____

COGCC Representative: _____

2 CA# 118507

Corrective Action: Install or repair required BMPs to comply with Rule 1002.f.

Date: 10/10/2018

Response: CA COMPLETED

Date of Completion: 09/27/2018

Operator Comment:

The required BMPs have been repaired. 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: 9/27/2018 1:48:44 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>
401776848	Squires 1 Inspection Corrective Photos

Total Attach: 1 Files