

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:

401777071

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
<u>Ray, Mandi</u>	<u>505-324-5122</u>	<u>mray@hilcorp.com</u>
<u>Shorty, Priscilla</u>		<u>pshorty@hilcorp.com</u>
<u>Roy, Catherine</u>		<u>catherine.roy@state.co.us</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 685305321

Inspection Date: 09/06/2018

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: 306943

Location Name: LEVEY-N32N7W Number: 13NESW County: LA PLATA

Qtrqtr: NESW Sec: 13 Twp: 32N Range: 7W Meridian: N

Latitude: 37.016380 Longitude: -107.563670

FACILITY - API Number: 05-067-00 Facility ID: 281264

Facility Name: LEVEY Number: 100S

Qtrqtr: NESW Sec: 13 Twp: 32N Range: 7W Meridian: N

Latitude: 37.016380 Longitude: -107.563670

CORRECTIVE ACTIONS:

1 CA# 118517

Corrective Action: Remove unused equipment to comply with Rule 603.f.

Date: 10/10/2018

Response: CA COMPLETED

Date of Completion: 09/27/2018

Operator Comment: Unused equipment removed

COGCC Decision: \_\_\_\_\_

COGCC Representative: \_\_\_\_\_

\_\_\_\_\_

**2** CA# 118518

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:

BMPs repaired

\_\_\_\_\_

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 Walker

Signed: \_\_\_\_\_

Title: Operation/Regulatory Tech

Date: 9/27/2018 2:50:04 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

401777079	Completed Photos
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Total Attach: 1 Files