

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:
401973459
Date Received:
03/15/2019

FIR RESOLUTION FORM

CA Summary:

3 of 3 CAs from the FIR responded to on this Form

3 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

pshorty@hilcorp.com

Labowskie, Steve

steve.labowskie@state.co.us

Ray, Mandi

505-324-5122

mray@hilcorp.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 687903869

Inspection Date: 03/07/2019

FIR Submit Date: 03/07/2019

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: 333956

Location Name: ALLISON UNIT COM-N32N6W Number: 22SWNW County: LA PLATA

Qtrqr: SWN Sec: 22 Twp: 32N Range: 6W Meridian: N

Latitude: 37.003410 Longitude: -107.494480

FACILITY - API Number: 05-067- -00 Facility ID: 258698

Facility Name: ALLISON UNIT COM Number: 63

Qtrqr: SWN Sec: 22 Twp: 32N Range: 6W Meridian: N

Latitude: 37.003410 Longitude: -107.494480

CORRECTIVE ACTIONS:

1 ☒ CA# 123025

Corrective Action: Please comply with Rule 907.e.

Date: 04/08/2019

Response: CA COMPLETED

Date of Completion: 03/14/2019

The localized spotting and stained gravel around compressor has been cleaned up. See attached photos.

Operator _____
Comment: _____

COGCC Decision: Approved via an AMI

COGCC Representative: _____

2 ☒ CA# 123026

Corrective Action: Please comply with Rule 603.f. Date: 04/08/2019

Response: CA COMPLETED Date of Completion: 03/14/2019

Operator Comment: The old insulation blankets on compressor building floor have been removed. See attached photos.

COGCC Decision: Approved via an AMI

COGCC Representative: _____

3 ☒ CA# 123027

Corrective Action: Please comply with Rule 210 Date: 04/08/2019

Response: CA COMPLETED Date of Completion: 03/14/2019

Operator Comment: Both well signs on location have Emergency Numbers. See attached photos.

COGCC Decision: Approved via an AMI

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: 3/15/2019 9:04:56 AM

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>
401973459	FIR RESOLUTION SUBMITTED
401973462	INSP_687903869 Resolution Photos

Total Attach: 2 Files