

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:

402100978

Date Received:

07/09/2019

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
Labowskie, Steve		steve.labowskie@state.co.us
Shorty, Priscilla		pshorty@hilcorp.com
Ray, Mandi	505-324-5122	mray@hilcorp.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 687904976

Inspection Date: 06/24/2019

FIR Submit Date: 06/24/2019

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: 306764

Location Name: ARGENTA 34-10-M34N10W Number: 31NENE County: LA PLATA

Qtrqtr: NENE Sec: 31 Twp: 34N Range: 10W Meridian: M

Latitude: 37.151510 Longitude: -107.969980

FACILITY - API Number: 05-067-00 Facility ID: 263417

Facility Name: ARGENTA 34-10 Number: 31-4

Qtrqtr: NENE Sec: 31 Twp: 34N Range: 10W Meridian: M

Latitude: 37.151510 Longitude: -107.969980

CORRECTIVE ACTIONS:

1 CA# 126404

Corrective Action: Remove unused equipment per Rule 603.f.

Date: 07/24/2019

Response: CA COMPLETED

Date of Completion: 06/28/2019

Operator Comment: The unused motor valve was removed from teh meter building.

COGCC Decision: _____

COGCC Representative: _____

2 CA# 126405

Corrective Action: Update sign emergency contact information per Rule 210.b.

Date: 07/24/2019

Response: CA COMPLETED

Date of Completion: 06/26/2019

Operator Comment:

Emergency contact information has been placed on the well sign.

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: 7/9/2019 2:29:55 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>
402100997	Meter Removed
402100999	Emergency Contact Info

Total Attach: 2 Files