

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:

402174219

Date Received:

09/12/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 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>Burn, Diana</u>		<u>diana.burn@state.co.us</u>
<u>Ray, Mandi</u>	<u>505-324-5122</u>	<u>mray@hilcorp.com</u>
<u>Roland, Kandis</u>		<u>kroland@hilcorp.com</u>
<u>Shorty, Priscilla</u>		<u>pshorty@hilcorp.com</u>
<u>Labowskie, Steve</u>		<u>steve.labowskie@state.co.us</u>
.		<u>dnr_cogccengineering@state.co.us</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 687905334

Inspection Date: 07/29/2019

FIR Submit Date: 07/29/2019

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: 325059

Location Name: C. W. THURINGER-N32N6W Number: 5SWSW County: LA PLATA

Qtrqr: SWS Sec: 5 Twp: 32N Range: 6W Meridian: N  
W

Latitude: 37.041920 Longitude: -107.529720

FACILITY - API Number: 05-067- -00 Facility ID: 213891

Facility Name: C. W. THURINGER Number: 1-5

Qtrqr: SWS Sec: 5 Twp: 32N Range: 6W Meridian: N  
W

Latitude: 37.041920 Longitude: -107.529720

CORRECTIVE ACTIONS:

1 CA# 128641

Corrective Action: MIT must be performed.

Date: 06/30/2017

Response: CA COMPLETED

Date of Completion: 09/11/2019

Operator Comment: Per the attached email from Alicia Duran, Hilcorp will be required to conduct a BH test only, as well as submit a Form 4 to change the well status to a Service well, also a Form 5 will be required to reflect the squeeze perms.

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: 9/12/2019 10:55:02 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>
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402174252	Email Correspondence
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Total Attach: 1 Files