

State of Colorado
Oil and Gas Conservation Commission

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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 ACTIIONS:

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>
402174252	Email Correspondence

Total Attach: 1 Files