

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:

402211103

Date Received:

10/16/2019

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

Shorty, Priscilla

pshorty@hilcorp.com

Ray, Mandy

(505) 599-4083

mray@hilcorp.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 693900816

Inspection Date: 09/16/2019

FIR Submit Date: 09/23/2019

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: 325507

Location Name: TIFFANY C-N32N7W Number: 1CNW County: LA PLATA

Qtrqr: CNW Sec: 1 Twp: 32N Range: 7W Meridian: N

Latitude: 37.049770 Longitude: -107.564910

FACILITY - API Number: 05-067- -00 Facility ID: 214908

Facility Name: TIFFANY C Number: 2

Qtrqr: CNW Sec: 1 Twp: 32N Range: 7W Meridian: N

Latitude: 37.049770 Longitude: -107.564910

CORRECTIVE ACTIONS:

1 CA# 130967

Corrective Action: Controls weeds. Flowering heads need to be removed, bagged, and properly disposed. Thistle rosettes need to be controlled. Subsequent treatment will likely be needed. Kochia needs to be managed.

Date: 10/08/2019

Response: CA COMPLETED

Date of Completion: 10/15/2019

Operator Comment: The weeds were removed

COGCC Decision: _____

COGCC
Representative: _____

2 CA# 130968

Corrective Action: Stabilization measures such as revegetation and stormwater/erosion controls are needed on the southern fill slope.

Date: 10/11/2019

Response: CA COMPLETED

Date of Completion: 10/15/2019

Operator
Comment: the areas were disked and re-seeded

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: 10/16/2019 9:28:34 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>
402211122	Well Sign
402211123	Disc and Reseeded
402211124	Weeds removed

Total Attach: 3 Files