

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:
402244463

Date Received:
11/20/2019

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: 10071
Name of Operator: HIGHPOINT OPERATING CORPORATION
Address: 555 17TH ST STE 3700
City: DENVER State: CO Zip: 80202

Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>James, Brian</u>		<u>bjames@hpres.com</u>
<u>Brown, Tim</u>		<u>tbrown@hpres.com</u>
<u>-</u>		<u>dnr_cogccengineering@state.co.us</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 696101554
Inspection Date: 11/14/2019 FIR Submit Date: 11/15/2019 FIR Status: _____

Inspected Operator Information:

Company Name: HIGHPOINT OPERATING CORPORATION Company Number: 10071
Address: 555 17TH ST STE 3700
City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 309841

Location Name: PETERSON-65N63W Number: 30SWNE County: _____
Qtrqtr: SWNE Sec: 30 Twp: 5N Range: 63W Meridian: 6
Latitude: 40.371890 Longitude: -104.477080

FACILITY - API Number: 05-123- -00 Facility ID: 309841

Facility Name: PETERSON-65N63W Number: 30SWNE
Qtrqtr: SWNE Sec: 30 Twp: 5N Range: 63W Meridian: 6
Latitude: 40.371890 Longitude: -104.477080

CORRECTIVE ACTIONS:

1 CA# 134582

Corrective Action: Remove, manage, & control weeds at wellsite.
Comply with Rule 603.f.
See photo #1.

Date: 11/22/2019

Response: CA COMPLETED Date of Completion: 11/19/2019

Weeds have been removed at wellsite.

Operator Comment: _____

COGCC Decision: _____

COGCC Representative: _____

2 CA# 134583

Corrective Action: Post valid company name at wellsite.
Comply w/ Rule 210.b.
See photo #1.

Date: 01/14/2020

Response: CA COMPLETED Date of Completion: 11/19/2019

Operator Comment: New sign with company name has been posted at wellsite.

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: Brian James Signed: _____

Title: Land Manager Date: 11/20/2019 10:55:52 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>

Total Attach: 0 Files