

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:

402225326

Date Received:

10/29/2019

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: 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>Brown, Tim</u>		<u>dnr_cogccengineering@state.co.us</u>
<u>Pesicka, Conor</u>		<u>tbrown@hpres.com</u>
<u>James, Brian</u>		<u>conor.pesicka@state.co.us</u>
		<u>bjames@hpres.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 696101436

Inspection Date: 10/17/2019

FIR Submit Date: 10/18/2019

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: 332148

Location Name: SIEBRING-65N63W Number: 32SWNE County: _____

Qtrqtr: SWNE Sec: 32 Twp: 5N Range: 63W Meridian: 6

Latitude: 40.357840 Longitude: -104.457280

FACILITY - API Number: 05-123-00 Facility ID: 332148

Facility Name: SIEBRING-65N63W Number: 32SWNE

Qtrqtr: SWNE Sec: 32 Twp: 5N Range: 63W Meridian: 6

Latitude: 40.357840 Longitude: -104.457280

CORRECTIVE ACTIONS:

1 ☒ CA# 131784

Corrective Action: * Post Emergency number at wellsite.
Comply w/ Rule 210.b.

Date: 11/18/2019

Response: CA COMPLETED

Date of Completion: 10/29/2019

Emergency number posted at wellsite to comply w/ Rule 210.b.

Operator
Comment:

COGCC Decision: Approved

COGCC Representative: Field Inspection Report doc #696101689 dated 12/10/2019 confirms that valid Emergency number NOW posted at wellsite.
Corrective Action appears addressed.

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: 10/29/2019 1:40:11 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>
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402225326	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files