

State of Colorado
Oil and Gas Conservation Commission

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Document Number:
402311550

Date Received:
02/13/2020

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>Kraich, Adam</u>		<u>adam.kraich@state.co.us</u>
<u>James, Brian</u>		<u>bjames@hpres.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 696301229
Inspection Date: 02/06/2020 FIR Submit Date: 02/06/2020 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: 434251

Location Name: Anschutz State Number: 5-62-35_36 County: _____
NWSW
Qtrqtr: NWS Sec: 35 Twp: 5N Range: 62W Meridian: 6
W
Latitude: 40.353200 Longitude: -104.299197

FACILITY - API Number: 05-123- -00 Facility ID: 434251

Facility Name: Anschutz State Number: 5-62-35_36
NWSW
Qtrqtr: NWS Sec: 35 Twp: 5N Range: 62W Meridian: 6
W
Latitude: 40.353200 Longitude: -104.299197

CORRECTIVE ACTIONS:

1 CA# 136357

Corrective Action: Comply with Rule 603.f. Date: 03/06/2020
Response: CA COMPLETED Date of Completion: 02/13/2020

frac tank is being removed at this time.

Operator
Comment:

COGCC Decision:

COGCC
Representative:

2 CA# 136358

Corrective Action: Comply with Rule 603.f.

Date: 04/06/2020

Response: CA COMPLETED

Date of Completion: 02/13/2020

Operator
Comment:

well was previously TA'd for frac protection. well produced without pumping unit after RTP. pumping unit will be returned to service with rods and wellhead parts will be reinstalled. Production Engineering is evaluating the timing of this but pumping unit will not be removed at this time.

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: 2/13/2020 8:50:52 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