

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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Document Number:
402350209

Date Received:
03/24/2020

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: 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>Shorty, Priscilla</u>		<u>pshorty@hilcorp.com</u>
<u>Ray, Mandy</u>	<u>(505) 599-4083</u>	<u>mray@hilcorp.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 693901249
Inspection Date: 12/20/2019 FIR Submit Date: 12/20/2019 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: 326511

Location Name: HUBER-BURKETT-N34N8W Number: 3SESW County: LA PLATA
Qtrqtr: SESW Sec: 3 Twp: 34N Range: 8W Meridian: N
Latitude: 37.239580 Longitude: -107.736720

FACILITY - API Number: 05-067-00 Facility ID: 89124

Facility Name: HUBER-BURKETT Number: 4-3
Qtrqtr: SESW Sec: 3 Twp: 34N Range: 8W Meridian: N
Latitude: 37.239580 Longitude: -107.736720

CORRECTIVE ACTIONS:

1 CA# 135516

Corrective Action: Reclamation needs to be installed on bare/disturbed soils within the southwestern project area. Date: 04/01/2020

Response: CA COMPLETED Date of Completion: 03/11/2020

Operator Comment: Reclamation preformed on bare soils

COGCC Decision: _____

COGCC Representative: _____

2 CA# 135517

Corrective Action: Erosion controls (ie mulching) and stormwater BMPs need to be installed concurrent with seeding within the southwestern project area.

Date: 04/01/2020

Response: CA COMPLETED

Date of Completion: 03/11/2020

Operator Comment: Erosion controls installed

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: Mandi Walker

Signed: _____

Title: Operation/Regulatory Tech

Date: 3/24/2020 10:34:53 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>
402350525	Erosion Control
402350526	Rec
402350527	Erosion Control

Total Attach: 3 Files