

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:
402510625

Date Received:
10/14/2020

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: 693902211

Inspection Date: 08/27/2020

FIR Submit Date: 09/02/2020

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: 311965

Location Name: T.H. 32-7-N32N7W Number: 12NWNW County: LA PLATA

Qtrqr: NWN Sec: 12 Twp: 32N Range: 7W Meridian: N
W

Latitude: 37.036220 Longitude: -107.565350

FACILITY - API Number: 05-067- -00 Facility ID: 216476

Facility Name: T.H. 32-7 Number: 12-1

Qtrqr: NWN Sec: 12 Twp: 32N Range: 7W Meridian: N
W

Latitude: 37.036220 Longitude: -107.565350

CORRECTIVE ACTIONS:

1 CA# 141654

Corrective Action: Remove and properly store truck.

Date: 10/25/2019

Response: CA COMPLETED

Date of Completion: 10/12/2020

Operator
Comment: Truck removed

COGCC Decision: _____

COGCC
Representative:

2 CA# 141655

Corrective Action: Interim reclamation needs to be conducted within the project area during the fall 2019 seeding window, and no later than November 15, 2019.

Date: 11/15/2019

Response: CA COMPLETED

Date of Completion: 10/12/2020

Operator
Comment: area reseeded

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: 10/14/2020 10:10:27 AM

ATTACHMENT LIST

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

Document Number **Description**

402510635	Thomas 32-7-12 1_Photos
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Total Attach: 1 Files