

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:
402557897

Date Received:
12/21/2020

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>505-324-5188</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: 693902544
Inspection Date: 11/20/2020 FIR Submit Date: 11/24/2020 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: 326687

Location Name: PENROSE-N32N6W Number: 8SWSW County: LA PLATA
Qtrqr: SWS Sec: 8 Twp: 32N Range: 6W Meridian: N
W
Latitude: 37.027520 Longitude: -107.529450

FACILITY - API Number: 05-067- -00 Facility ID: 262950

Facility Name: PENROSE Number: 1R
Qtrqr: SWS Sec: 8 Twp: 32N Range: 6W Meridian: N
W
Latitude: 37.027520 Longitude: -107.529450

CORRECTIVE ACTIONS:

1 CA# 144654

Corrective Action: Remove and properly dispose of weed debris. Date: 12/31/2020

Response: CA COMPLETED Date of Completion: 12/17/2020

Operator Comment: The weeds have been removed and properly disposed. See attached photo.

COGCC Decision: _____

COGCC Representative: _____

2 CA# 144655

Corrective Action: Repair/replace BMPs within the project area.

Date: 12/31/2020

Response: CA COMPLETED

Date of Completion: 12/17/2020

Operator Comment:

Hilcorp Pipeline has verified that the BMPs/straw wattles are on Red Cedar pipeline right of way.

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: PRISCILLA SHORTY

Signed: _____

Title: OperationsRegulatory Tech

Date: 12/21/2020 9:12:56 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>
402557902	Penrose 1R_Resolved Photo

Total Attach: 1 Files