

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:  
402691708

Date Received:  
05/17/2021

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>Mike Storey</u>	<u>970-939-6353</u>	<u>mstorey@bonanzacrk.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 699103588  
Inspection Date: 05/06/2021 FIR Submit Date: 05/06/2021 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: 419819

Location Name: Five Rivers Number: BB30-21 County: \_\_\_\_\_  
Qtrqr: SENW Sec: 30 Twp: 5N Range: 63W Meridian: 6  
Latitude: 40.370510 Longitude: -104.479690

FACILITY - API Number: 05-123-00 Facility ID: 419819

Facility Name: Five Rivers Number: BB30-21  
Qtrqr: SENW Sec: 30 Twp: 5N Range: 63W Meridian: 6  
Latitude: 40.370510 Longitude: -104.479690

CORRECTIVE ACTIONS:

1  CA# 150710

Corrective Action: Comply with Rule 606 Date: 05/17/2021

Response: CA COMPLETED Date of Completion: 05/12/2021

Operator Comment: Unused equipment has been removed in compliance with Rule 606.

COGCC Decision: Approved pending re-inspection

COGCC  
Representative:

2  CA# 150711

Corrective Action: Comply with Rule 606

Date: 05/17/2021

Response: CA COMPLETED

Date of Completion: 05/12/2021

Operator  
Comment:

Trash has been removed in compliance with Rule 606.

COGCC Decision: Approved pending re-inspection

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: Aubrey Noonan

Signed: \_\_\_\_\_

Title: Regulatory Analyst

Date: 5/17/2021 4:10:57 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>
402691708	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files