

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:

402891531

Date Received:

12/07/2021

FIR RESOLUTION FORM

Overall Status:

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
Shorty, Priscilla		pshorty@hilcorp.com
Jones, Tammy		tajones@hilcorp.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 693903828

Inspection Date: 10/29/2021

FIR Submit Date: 11/04/2021

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: 325959

Location Name: ALLISON UNIT-N32N6W Number: 21NWNW County: LA PLATA

Qtrqr: NWN Sec: 21 Twp: 32N Range: 6W Meridian: N

Latitude: 37.006780 Longitude: -107.511360

FACILITY - API Number: 05-067-00 Facility ID: 215634

Facility Name: ALLISON UNIT Number: 137

Qtrqr: NWN Sec: 21 Twp: 32N Range: 6W Meridian: N

Latitude: 37.006780 Longitude: -107.511360

CORRECTIVE ACTIONS:

1 CA# 157471

Corrective Action: -Remove and properly store non-oil and gas equipment outside of the project area by 12/4/2021

Date: 12/04/2021

Response: CA COMPLETED

Date of Completion: 12/01/2021

The land owner refuses to move his equipment.

Operator _____
Comment: _____

COGCC Decision: _____

COGCC Representative: _____

2 CA# 157472

Corrective Action: -Conduct interim reclamation in areas no longer needed for production operations in accordance with 1003 reclamation rules by 12/4/2021. Control weeds by 11/20/2021.

Date: 12/04/2021

Response: CA COMPLETED

Date of Completion: 11/19/2021

Operator Comment: Weeds were sprayed and removed. See attached document.

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: 12/7/2021 2:21:42 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>
402891546	Allison Unit 137_693903828_Resolved Photos

Total Attach: 1 Files