

State of Colorado
Energy & Carbon Management Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:
403437647

Date Received:
06/21/2023

FIR RESOLUTION FORM

Overall Status:

CA Summary:

7 of 7 CAs from the FIR responded to on this Form

7 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC Operator Number: 40547
Name of Operator: HOLCOMB OIL & GAS INC
Address: P O BOX 2058
City: FARMINGTON State: NM Zip: 87499

Contact Name and Telephone:
Name:
Phone: () Fax: ()
Email:

Additional Operator Contact:

Contact Name	Phone	Email
Holcomb, Jeff	(505) 330-2473	holcomb.oilgas@gmail.com
. Engineering		dnr_cogccengineering@state.co.us
.		holcomb.oilgas@gmail.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 700300614
Inspection Date: 06/06/2023 FIR Submit Date: 06/06/2023 FIR Status:

Inspected Operator Information:

Company Name: HOLCOMB OIL & GAS INC Company Number: 40547
Address: P O BOX 2058
City: FARMINGTON State: NM Zip: 87499

LOCATION - Location ID: 325522

Location Name: HURT-N34N8W Number: 4NESE County: LA PLATA
Qtrqtr: NESE Sec: 4 Twp: 34N Range: 8W Meridian: N
Latitude: 37.241020 Longitude: -107.745500

FACILITY - API Number: 05-067-00 Facility ID: 214940

Facility Name: HURT Number: 1-4
Qtrqtr: NESE Sec: 4 Twp: 34N Range: 8W Meridian: N
Latitude: 37.241020 Longitude: -107.745500

CORRECTIVE ACTIONS:

1 CA# 172168

Corrective Action: Insoect and paint tank Date: 08/06/2023

Response: CA COMPLETED Date of Completion: 06/07/2023

Operator Comment: Inspected and Painted tank on 06/07/2023.

ECMC Decision: _____

ECMC
Representative:

2 CA# 172169

Corrective Action:

Date: 06/08/2023

Response: CA COMPLETED

Date of Completion: 06/07/2023

Operator
Comment:

ECMC Decision: _____

ECMC
Representative:

3 CA# 172170

Corrective Action:

Date: _____

Response: CA COMPLETED

Date of Completion: 06/06/2023

Operator
Comment:

ECMC Decision: _____

ECMC
Representative:

4 CA# 172171

Corrective Action:

Date: 07/06/2023

Response: CA COMPLETED

Date of Completion: 06/08/2023

Operator
Comment:

ECMC Decision: _____

ECMC
Representative:

5 CA# 172172

Corrective Action:

Date: 06/08/2023

Response: CA COMPLETED

Date of Completion: 06/07/2023

Operator
Comment:

ECMC Decision: _____

ECMC
Representative:

6 CA# 172729

Corrective Action:

Date: _____

Perform and submit 5 year MIT (note MITs require at least 10 day advanced notice via electronic Form 42).

Submit monthly Form 7 reports per Rulke 413

Response: CA COMPLETED

Date of Completion: 06/08/2023

Operator
Comment:

Filed all form 7's

ECMC Decision:

ECMC
Representative:

7 CA# 172730

Corrective Action: Perform and submit annual bradenhead tests per Rule 419

Date: _____

Response: CA COMPLETED

Date of Completion: 06/08/2023

Operator
Comment:

Performed bradenhead test and prepared report on 06/08/2023.

ECMC Decision:

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Kimray valves were vandalized

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: William J. Holcomb

Signed: _____

Title: President

Date: 6/21/2023 12:57:01 PM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
403437647	FIR RESOLUTION SUBMITTED
403437680	Bradenhead Test Report Hurt 1-4

Total Attach: 2 Files