

State of Colorado Energy & Carbon Management Commission



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Document Number:
403824205

Date Received:
06/13/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC 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>FarmingtonRegulatoryTechs@hilcorp.com</u> |

ECMC INSPECTION SUMMARY:

FIR Document Number: 714000774
Inspection Date: 05/21/2024 FIR Submit Date: 05/29/2024 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: 385841

Location Name: HUBER-THORN-N35N8W Number: 34SWNE County: _____
Qtrqtr: SWNE Sec: 34 Twp: 35N Range: 8W Meridian: N
Latitude: 37.261576 Longitude: -107.730795

FACILITY - API Number: 05-067-00 Facility ID: 385841

Facility Name: HUBER-THORN-N35N8W Number: 34SWNE
Qtrqtr: SWNE Sec: 34 Twp: 35N Range: 8W Meridian: N
Latitude: 37.261576 Longitude: -107.730795

CORRECTIVE ACTIONS:

1 CA# 195460

Corrective Action: Comply with Rule 1004. Reseed disturbance areas using a seed mixture requested by the surface owner, or a mixture prescribed by the local county NRCS. Establish vegetation with total perennial, non-invasive uniform plant cover of at least eighty (80) percent of reference area levels. Ensure erosion controls are implemented to stabilize the seeded soil. Operator shall continue to monitor and manage this site until the location meets Rule 1004 standards, including stormwater and weed management.

Date: 06/13/2024

Response: CA COMPLETED Date of Completion: 06/12/2024

Corrective action completed. See attached photos.

Operator
Comment:

ECMC Decision:

ECMC
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: 6/13/2024 2:21:22 PM

ATTACHMENT LIST

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

Document Number **Description**

403824210

Huber-Thorn 1-34_Resolved Photos

Total Attach: 1 Files