

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:
403906600

Date Received:
08/30/2024

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

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>. General</u>		<u>FarmingtonRegulatoryTechs@hilcorp.com</u>
<u>Walker, Mandi</u>		<u>mwalker@hilcorp.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 714001067
Inspection Date: 08/12/2024 FIR Submit Date: 08/13/2024 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: 326093

Location Name: CARTER UTE-N32N10W Number: 13NENE County: _____
Qtrqtr: NENE Sec: 13 Twp: 32N Range: 10W Meridian: N
Latitude: 37.020960 Longitude: -107.880178

FACILITY - API Number: 05-067-00 Facility ID: 326093

Facility Name: CARTER UTE-N32N10W Number: 13NENE
Qtrqtr: NENE Sec: 13 Twp: 32N Range: 10W Meridian: N
Latitude: 37.020960 Longitude: -107.880178

CORRECTIVE ACTIONS:

1 CA# 197709

Corrective Action: Install proper guy line markers per Rule 1003.a Date: 08/27/2024

Response: CA COMPLETED Date of Completion: 08/29/2024

Operator Comment: Rig anchor has been marked. See attached photo.

ECMC Decision: _____

ECMC Representative:

2 CA# 197710

Corrective Action: Comply with rule 1002 Install or repair required BMPs.

Date: 08/20/2024

Response: CA COMPLETED

Date of Completion: 08/29/2024

Operator Comment:

Erosion issues have been corrected. See attached photos.

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: 8/30/2024 10:59:34 AM

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>
403906606	Carter Ute 107_714001067 Resolved Photos

Total Attach: 1 Files