

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:  
403945079

Date Received:  
10/03/2024

## 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
Labowskie, Steve		steve.labowskie@state.co.us
Jones, Tammy	713-209-4000	FarmingtonRegulatoryTechs@hilcorp.com

### ECMC INSPECTION SUMMARY:

FIR Document Number: 715200820  
Inspection Date: 08/27/2024 FIR Submit Date: 09/06/2024 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: 334274

Location Name: HUBER-KAIME-N34N8W Number: 12SWNW County: LA PLATA  
Qtrqtr: SWN Sec: 12 Twp: 34N Range: 8W Meridian: M  
Latitude: 37.208890 Longitude: -107.673730

#### FACILITY - API Number: 05-067-00 Facility ID: 216091

Facility Name: HUBER-KAIME Number: 1-12U  
Qtrqtr: SWN Sec: 12 Twp: 34N Range: 8W Meridian: M  
Latitude: 37.208890 Longitude: -107.673730

### CORRECTIVE ACTIONS:

1 CA# 198430

Corrective Action: Install proper guy line markers per Rule 1003.a

Date: 09/27/2024

Response: CA COMPLETED

Date of Completion: 10/03/2024

Operator Comment: Installed proper guy line markers - see attached photos

ECMC Decision: \_\_\_\_\_

ECMC  
Representative:

**2** CA# 198431

Corrective Action: Install or repair required BMPs per Rule 1002.f.(2)C

Date: 09/27/2024

Response: CA COMPLETED

Date of Completion: 10/03/2024

Operator  
Comment:

Repaired BMPs - see attached photos

ECMC Decision: \_\_\_\_\_

ECMC  
Representative:

#### OPERATOR COMMENT AND SUBMITTAL

Comment: Resolved - see attached photos

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

Print Name: Tammy Jones

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

Title: Ops/Regulatory Tech

Date: 10/3/2024 12:50:50 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>
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403945095	Resolved Photos
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Total Attach: 1 Files