

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:
403940760

Date Received:
10/01/2024

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
Walker, Mandi		mwalker@hilcorp.com
. General		FarmingtonRegulatoryTechs@hilcorp.com
Shorty, Priscilla	505-324-5188	pshorty@hilcorp.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 714001233
Inspection Date: 09/18/2024 FIR Submit Date: 09/23/2024 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: 325820

Location Name: HUBER-BURKETT-N35N8W Number: 25SEnw County:
Qtrqr: SENW Sec: 25 Twp: 35N Range: 8W Meridian: N
Latitude: 37.276156 Longitude: -107.699814

FACILITY - API Number: 05-067-00 Facility ID: 325820

Facility Name: HUBER-BURKETT-N35N8W Number: 25SEnw
Qtrqr: SENW Sec: 25 Twp: 35N Range: 8W Meridian: N
Latitude: 37.276156 Longitude: -107.699814

CORRECTIVE ACTIONS:

1 CA# 198980

Corrective Action: comply with rule 608 Install or repair wildlife protection equipment. Date: 09/28/2024

Response: CA COMPLETED Date of Completion: 09/28/2024

Operator Comment: Repaired wildlife protection equipment. See attached photo.

ECMC Decision: _____

ECMC Representative: _____

2 CA# 198981

Corrective Action: Comply with rule 1003.f, treat/remove weeds.

Date: 09/28/2024

Response: CA COMPLETED

Date of Completion: 09/30/2024

Operator Comment: Treated weeds. 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: 10/1/2024 8:41:46 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>
403940760	FIR RESOLUTION SUBMITTED
403940766	Name View HUBER-BURKETT 1-25_714001233_Resolved Photos.

Total Attach: 2 Files