

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:
403990801

Date Received:
11/13/2024

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: 10071
Name of Operator: HIGHPOINT OPERATING CORPORATION
Address: 555 17TH ST STE 3700
City: DENVER State: CO Zip: 80202

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

Additional Operator Contact:

Contact Name	Phone	Email
Luke Kelly	970-939-6353	lkelly@civiresources.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 717700366
Inspection Date: 09/04/2024 FIR Submit Date: 09/04/2024 FIR Status:

Inspected Operator Information:

Company Name: HIGHPOINT OPERATING CORPORATION Company Number: 10071
Address: 555 17TH ST STE 3700
City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 444700

Location Name: Anschutz Equus Farms Number: 4-62-28 SWSW County: WELD
Qtrqr: SWS Sec: 28 Twp: 4N Range: 62W Meridian: 6
Latitude: 40.276244 Longitude: -104.337425

FACILITY - API Number: 05-123-00 Facility ID: 444755

Facility Name: Anschutz Equus Farms Number: 4-62-29-5649D2
Qtrqr: SWS Sec: 28 Twp: 4N Range: 62W Meridian: 6
Latitude: 40.276244 Longitude: -104.337425

CORRECTIVE ACTIONS:

1 CA# 198301

Corrective Action: Install sign to comply with Rule 605.d. Date: 12/31/2024

Response: CA COMPLETED Date of Completion: 06/20/2017

Operator Comment: Operator reports that Form 4 Doc # 401296942 was approved on 06/20/2017 to update the Well Name to Anschutz Equus Farms 4-62-32-0801CS. In addition to this discovery, the Operator has contacted the ECMC Permit/Completion Supervisor on 11/7/2024 with a list of wells that included the Old Name vs the New well name based on the approved Form 4 (including doc #). The operator was informed that this list will be submitted to the

ECMC IT department.

ECMC Decision: _____

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: CA follow-up has been completed for this location.

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

Print Name: Ashley Noonan

Signed: _____

Title: Sr Regulatory Analyst

Date: 11/13/2024 6:57:56 PM

ATTACHMENT LIST

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

Document Number **Description**

403990801	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files