

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:
403997173

Date Received:
11/15/2024

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
<u>Luke Kelly</u>	<u>970-939-6353</u>	<u>lkelly@civiresources.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 717700292
Inspection Date: 09/03/2024 FIR Submit Date: 09/03/2024 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: 447050

Location Name: Anschutz Equus Farms Number: 3-62-4_5 County: WELD
NENE
Qtrqr: NENE Sec: 4 Twp: 3N Range: 62W Meridian: 6
Latitude: 40.259869 Longitude: -104.320403

FACILITY - API Number: 05-123-00 Facility ID: 447051

Facility Name: Anschutz Equus Farms Number: 3-62-4-2417B2
Qtrqr: NENE Sec: 4 Twp: 3N Range: 62W Meridian: 6
Latitude: 40.259869 Longitude: -104.320403

CORRECTIVE ACTIONS:

1 CA# 198256

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

Response: CA COMPLETED Date of Completion: 08/11/2017

Operator Comment: Operator reports that Form 4 Doc # 401346417 was approved on 8/11/2017 to update the Well Name to Anschutz Equus Farms 3-62-2417C. 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:

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OPERATOR COMMENT AND SUBMITTAL

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

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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: 11/15/2024 6:46:47 PM

ATTACHMENT LIST

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

Document Number **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files