

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:

404063907

Date Received:

01/21/2025

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

Shorty, Priscilla

pshorty@hilcorp.com

Walker, Mandi

mwalker@hilcorp.com

.General

FarmingtonRegulatoryTechs@hilcorp.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 714001695

Inspection Date: 01/13/2025

FIR Submit Date: 01/15/2025

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: 326474

Location Name: TENORIO-N35N8W Number: 32NWSE County: _____

Qtrqtr: NWSE Sec: 32 Twp: 35N Range: 8W Meridian: N

Latitude: 37.256446 Longitude: -107.765146

FACILITY - API Number: 05-067- -00 Facility ID: 326474

Facility Name: TENORIO-N35N8W Number: 32NWSE

Qtrqtr: NWSE Sec: 32 Twp: 35N Range: 8W Meridian: N

Latitude: 37.256446 Longitude: -107.765146

CORRECTIVE ACTIONS:

1 CA# 201772

Corrective Action: Manage (i.e. mow) weed debris to encourage establishment of desirable vegetation and prevent debris dispersal.

Date: 01/22/2025

Response: CA COMPLETED

Date of Completion: 01/20/2025

Operator Comment: Removed weeds and properly disposed of them. See attached photos.

ECMC Decision: _____

ECMC
Representative:

2 CA# 201773

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

Date: 01/22/2025

Response: CA COMPLETED

Date of Completion: 01/20/2025

Operator
Comment:

Graded rutting on edge of location to minimize degradation of pad. 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: 1/21/2025 7:53:40 AM

ATTACHMENT LIST

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

Document Number **Description**

404063920	714001695 Resolved Photos
-----------	---------------------------

Total Attach: 1 Files