

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

401427507

Date Received:

10/12/2017

## FIR RESOLUTION FORM

### CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed  
0 Factual Review Request

### OPERATOR INFORMATION

OGCC 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
<u>Trujillo, Etta</u>		<u>ettrujillo@hilcorp.com</u>
<u>Ray, Mandi</u>		<u>mray@hilcorp.com</u>
<u>Roland, Kandis</u>		<u>kroland@hilcorp.com</u>
<u>Shorty, Priscilla</u>		<u>pshorty@hilcorp.com</u>

### COGCC INSPECTION SUMMARY:

FIR Document Number: 685303749

Inspection Date: 09/12/2017

FIR Submit Date: 09/18/2017

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: 307014

Location Name: ALLISON UNIT-N32N6W Number: 19SENE County: LA PLATA

Qtrqr: SENE Sec: 19 Twp: 32N Range: 6W Meridian: N

Latitude: 37.003070 Longitude: -107.533570

### FACILITY - API Number: 05-067- -00

Facility ID: 295743

Facility Name: ALLISON UNIT Number: 116T  
(LOWER  
HOL

Qtrqr: SENE Sec: 19 Twp: 32N Range: 6W Meridian: N

Latitude: 37.003070 Longitude: -107.533570

### CORRECTIVE ACTIONS:

1 ☒ CA# 102101

Corrective Action: Remove equipment to comply with Rule 603.f.

Date: 10/19/2017

Response: CA COMPLETED

Date of Completion: 10/12/2017

Operator Comment:	Sign corrected, and unsued equipment removed
COGCC Decision: <u>Approved via an AMI</u>	
COGCC Representative:	Approved using photo documentation provided by operator.

<b><u>OPERATOR COMMENT AND SUBMITTAL</u></b>	
Comment:	Sign corrected, and unsued equipment removed
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.	
Print Name: <u>Amanda Ray</u>	Signed: _____
Title: <u>Operation/Regulatory Tech</u>	Date: <u>10/12/2017 12:27:20 PM</u>

### ATTACHMENT LIST

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

<b><u>Document Number</u></b>	<b><u>Description</u></b>
401427507	FIR RESOLUTION SUBMITTED
401427513	Corrected Well Sign
401427514	Removed debris
401427515	Removed unused equipment

Total Attach: 4 Files