

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:

401631919

Date Received:

05/07/2018

FIR RESOLUTION FORM

Overall Status: FRQ

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

0 CA Completed
2 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10548

Name of Operator: HRM RESOURCES II LLC

Address: 410 17TH STREET #1600

City: DENVER State: CO Zip: 80202

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Precup, Jim</u>		<u>james.precup@state.co.us</u>
<u>Terry Pape</u>	<u>3038936621</u>	<u>tpape@hrmres.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 691400290

Inspection Date: 05/04/2018 FIR Submit Date: 05/04/2018 FIR Status: _____

Inspected Operator Information:

Company Name: HRM RESOURCES II LLC Company Number: 10548

Address: 410 17TH STREET #1600

City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 319846

Location Name: MARTIN-62S66W Number: 2NENW County: ADAMS

Qtrqtr: NENW Sec: 2 Twp: 2S Range: 66W Meridian: 6

Latitude: 39.912670 Longitude: -104.745130

FACILITY - API Number: 05-001-00 Facility ID: 201555

Facility Name: MARTIN Number: 1

Qtrqtr: NENW Sec: 2 Twp: 2S Range: 66W Meridian: 6

Latitude: 39.912670 Longitude: -104.745130

CORRECTIVE ACTIONS:

1 CA# 116220

Corrective Action: Comply with Rule 603.f .

Date: 08/04/2018

Response: FACTUAL REVIEW REQUEST

Basis for Review: Equipment is not owned or controlled by the operator

Operator Comment: The meter house belongs to Anadarko Petroleum

COGCC Decision: _____

COGCC
Representative:

2 CA# 116221

Corrective Action: Comply with Rule 603.f .

Date: 06/04/2018

Response: FACTUAL REVIEW REQUEST

Basis for Review: Equipment is not owned or controlled by the operator

Operator
Comment: The unmarked riser is owned by Anadarko Petroleum

COGCC Decision: _____

COGCC
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: David K Nicholson

Signed: _____

Title: Consultant to HRM

Date: 5/7/2018 1:13:38 PM

ATTACHMENT LIST

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

Document Number **Description**

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

Total Attach: 0 Files