

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:

401726254

Date Received:

08/07/2018

FIR RESOLUTION FORM

CA Summary:

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

2 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

Ray, Mandi

505-324-5122

mray@hilcorp.com

Trujillo, Etta

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Shorty, Priscilla

pshorty@hilcorp.com

Roland, Kandis

kroland@hilcorp.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 685305093

Inspection Date: 07/26/2018

FIR Submit Date: 07/27/2018

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: 325480

Location Name: BURKETT-N34N8W Number: 3SWNE County: LA PLATA

Qtrqtr: SWNE Sec: 3 Twp: 34N Range: 8W Meridian: N

Latitude: 37.246570 Longitude: -107.729080

FACILITY - API Number: 05-067-00 Facility ID: 214860

Facility Name: BURKETT Number: 1-3

Qtrqtr: SWNE Sec: 3 Twp: 34N Range: 8W Meridian: N

Latitude: 37.246570 Longitude: -107.729080

CORRECTIVE ACTIONS:

1 ☒ CA# 117688

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

Date: 08/26/2018

Response: CA COMPLETED

Date of Completion: 07/30/2018

Debris removed, and impacted soil removed.

Operator
Comment:

COGCC Decision: Approved

COGCC Representative: Approved using photo documentation provided by operator.

2 ☒ CA# 117689

Corrective Action: Recentered cellar cover to close opening to comply with Rule 201.

Date: 08/06/2018

Response: CA COMPLETED

Date of Completion: 07/30/2018

Operator
Comment: Celler cover recentered to cover opening.

COGCC Decision: Approved

COGCC Representative: Approved using photo documentation provided by operator.

OPERATOR COMMENT AND SUBMITTAL

Comment: Stickers added to the sign to update the Operator and Emergency Contact number

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

Print Name: Amanda Walker

Signed: _____

Title: Operation/Regulatory Tech

Date: 8/7/2018 10:06:30 AM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
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401726254	FIR RESOLUTION SUBMITTED
401726282	Corrective Photos

Total Attach: 2 Files