

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:

401777071

Date Received:

09/27/2018

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

Shorty, Priscilla

pshorty@hilcorp.com

Roy, Catherine

catherine.roy@state.co.us

COGCC INSPECTION SUMMARY:

FIR Document Number: 685305321

Inspection Date: 09/06/2018

FIR Submit Date: 09/07/2018

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: 306943

Location Name: LEVEY-N32N7W Number: 13NESW County: LA PLATA

Qtrqr: NESW Sec: 13 Twp: 32N Range: 7W Meridian: N

Latitude: 37.016380 Longitude: -107.563670

FACILITY - API Number: 05-067-00 Facility ID: 281264

Facility Name: LEVEY Number: 100S

Qtrqr: NESW Sec: 13 Twp: 32N Range: 7W Meridian: N

Latitude: 37.016380 Longitude: -107.563670

CORRECTIVE ACTIONS:

1 ☒ CA# 118517

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

Date: 10/10/2018

Response: CA COMPLETED

Date of Completion: 09/27/2018

Operator Comment: Unused equipment removed

COGCC Decision: Approved

COGCC Representative: Approved using operator supplied photo documentation.

2 ☒ CA# 118518

Corrective Action: Install or repair required BMPs to comply with Rule 1002.f.

Date: 10/10/2018

Response: CA COMPLETED

Date of Completion: 09/27/2018

Operator Comment: BMPs repaired

COGCC Decision: Approved

COGCC Representative: Approved using operator supplied photo documentation.

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: Amanda Walker

Signed: _____

Title: Operation/Regulatory Tech

Date: 9/27/2018 2:50:04 PM

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>
401777071	FIR RESOLUTION SUBMITTED
401777079	Completed Photos

Total Attach: 2 Files