

State of Colorado
Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402123473

Date Received:

07/26/2019

FIR RESOLUTION FORM

Overall Status: CAC

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, Mandy	(505) 599-4083	mray@hilcorp.com
Labowskie, Steve		steve.labowskie@state.co.us
Roland, Kandis		kroland@hilcorp.com
Shorty, Priscilla		pshorty@hilcorp.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 687904872
Inspection Date: 05/31/2019 FIR Submit Date: 05/31/2019 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: 326300

Location Name: HUBER-JOHNSON-N35N8W Number: 33SENW County: LA PLATA
Qtrqtr: SENW Sec: 33 Twp: 35N Range: 8W Meridian: N
Latitude: 37.259360 Longitude: -107.754050

FACILITY - API Number: 05-067-00 Facility ID: 216192

Facility Name: HUBER-JOHNSON Number: 1-33
Qtrqtr: SENW Sec: 33 Twp: 35N Range: 8W Meridian: N
Latitude: 37.259360 Longitude: -107.754050

CORRECTIVE ACTIONS:

1 CA# 125768

Corrective Action: Remove unused equipment per Rule 603.f. Date: 08/31/2019

Response: CA COMPLETED Date of Completion: 07/12/2019

Unused equipment removed

Operator _____
Comment: _____

COGCC Decision: _____

COGCC Representative: _____

2 CA# 125769

Corrective Action: Remove unused equipment per Rule 603.f. Date: 08/31/2019

Response: CA COMPLETED Date of Completion: 07/12/2019

Operator Comment: Tank removed, sampling taken and a Form 27 will be submitted to close out the tank.

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: Amanda Walker Signed: _____

Title: Operation/Regulatory TECh Date: 7/26/2019 11:00:04 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>
402123478	Photos
402123479	Photos
402123480	Photos
402123481	Photos

Total Attach: 4 Files