

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:
402123473
Date Received:
07/26/2019

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, 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: Approved

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: Approved

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> |
|------------------------|--------------------------|
| 402123473 | FIR RESOLUTION SUBMITTED |
| 402123478 | Photos |
| 402123479 | Photos |
| 402123480 | Photos |
| 402123481 | Photos |

Total Attach: 5 Files