

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:
402211017

Date Received:
10/16/2019

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
Shorty, Priscilla		pshorty@hilcorp.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 693900822
Inspection Date: 09/16/2019 FIR Submit Date: 09/26/2019 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: 325466

Location Name: TIFFANY 2 Number: 3 County: LA PLATA
Qtrqtr: SESE Sec: 2 Twp: 32N Range: 7W Meridian: N
Latitude: 37.042010 Longitude: -107.573250

FACILITY - API Number: 05-067-00 Facility ID: 419641

Facility Name: TIFFANY 2 Number: 3
Qtrqtr: SESE Sec: 2 Twp: 32N Range: 7W Meridian: N
Latitude: 37.042010 Longitude: -107.573250

CORRECTIVE ACTION:

1 CA# 131156

Corrective Action: Manage Russian thistle to prevent tumbleweed debris. Date: 10/04/2019

Response: CA COMPLETED Date of Completion: 10/15/2019

Operator Comment: Attached are pictures of the work that was completed to satisfy the INC. The weeds were removed, areas were disked and re-seeded. Work was completed 10-15-19

COGCC Decision: _____

COGCC Representative: _____

2 CA# 131157

Corrective Action: Control weeds.

Date: 10/04/2019

Response: CA COMPLETED

Date of Completion: 10/15/2019

Operator Comment: Attached are pictures of the work that was completed to satisfy the INC.
The weeds were removed, areas were disked and re-seeded.
Work was completed 10-15-19

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: PRISCILLA SHORTY

Signed: _____

Title: OperationsRegulatory Tech

Date: 10/16/2019 8:57:18 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>
402211039	Tiffany C 1_Photos Resolved

Total Attach: 1 Files