

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:
402225332

Date Received:
10/29/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10071
Name of Operator: HIGHPOINT OPERATING CORPORATION
Address: 555 17TH ST STE 3700
City: DENVER State: CO Zip: 80202
Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

| Contact Name | Phone | Email |
|-----------------------|-------|----------------------------------|
| <u>Young, Jerin</u> | | <u>jyoung@hpres.com</u> |
| <u>Pesicka, Conor</u> | | <u>conor.pesicka@state.co.us</u> |
| <u>James, Brian</u> | | <u>bjames@hpres.com</u> |

COGCC INSPECTION SUMMARY:

FIR Document Number: 696101430
Inspection Date: 10/17/2019 FIR Submit Date: 10/17/2019 FIR Status: _____

Inspected Operator Information:

Company Name: HIGHPOINT OPERATING CORPORATION Company Number: 10071
Address: 555 17TH ST STE 3700
City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 332237

Location Name: SIEBRING Number: 41-32 County: _____
Qtrqtr: NENE Sec: 32 Twp: 5N Range: 63W Meridian: 6
Latitude: 40.361690 Longitude: -104.452830

FACILITY - API Number: 05-123-00 Facility ID: 332237

Facility Name: SIEBRING Number: 41-32
Qtrqtr: NENE Sec: 32 Twp: 5N Range: 63W Meridian: 6
Latitude: 40.361690 Longitude: -104.452830

CORRECTIVE ACTIIONS:

1 CA# 131751

Corrective Action: * Post Emergency number at wellsite.
Comply w/ Rule 210.b.
Corrective Action date: 11/18/2019.
See photo #1.

Date: 11/18/2019

Response: CA COMPLETED Date of Completion: 10/29/2019

Operator Comment: Emergency number posted at wellsite to comply w/Rule 210.b.

COGCC Decision: Approved

COGCC Representative: Field Inspection Report doc #696101680 dated 12/10/2019 confirms that valid Emergency number NOW posted at wellsite. Corrective Action appears addressed.

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: Brian James

Signed: _____

Title: Land Manager

Date: 10/29/2019 1:42:23 PM

ATTACHMENT LIST

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

Document Number Description

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|-----------|--------------------------|
| 402225332 | FIR RESOLUTION SUBMITTED |
|-----------|--------------------------|

Total Attach: 1 Files