

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:
402264858

Date Received:
12/17/2019

FIR RESOLUTION FORM

Overall Status: FRQ

CA Summary:

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

0 CA Completed
1 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
<u>Ray, Mandy</u>	<u>(505) 599-4083</u>	<u>mray@hilcorp.com</u>
<u>Shorty, Priscilla</u>		<u>pshorty@hilcorp.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 693901204
Inspection Date: 12/13/2019 FIR Submit Date: 12/16/2019 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: 333103

Location Name: LAMBRECHT-N32N6W Number: 6SWSE County: LA PLATA
Qtrqtr: SWSE Sec: 6 Twp: 32N Range: 6W Meridian: N
Latitude: 37.040360 Longitude: -107.539490

FACILITY - API Number: 05-067-00 Facility ID: 215132

Facility Name: LAMBRECHT Number: 1
Qtrqtr: SWSE Sec: 6 Twp: 32N Range: 6W Meridian: N
Latitude: 37.040360 Longitude: -107.539490

CORRECTIVE ACTIONS:

1 CA# 135368

Corrective Action: Remove and properly store unused equipment. Date: 01/16/2020

Response: FACTUAL REVIEW REQUEST

Basis for Review: Equipment belongs to the surface owner

Operator Comment: The equipment in question belongs to the Surface Owner. This well is a FEE surface and FEE mineral

COGCC Decision: **Not Approved**

COGCC
Representative:

COGCC
Supervisor:

The area is an oil and gas location and must therefore abide by the 1000 series rules. It is the Operators responsibility to control their location until the location has passed final reclamation. Interim reclamation is past due on this location (Due 7-18-2018) and must be conducted immediately to avoid additional days out of compliance for possible enforcement.

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: Mandi Walker

Signed: _____

Title: Operation/Regulatory Tech

Date: 12/17/2019 8:29:13 AM

ATTACHMENT LIST

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

Document Number **Description**

402264858	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files