

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:

402281302

Date Received:

01/09/2020

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: 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>Shorty, Priscilla</u>		<u>pshorty@hilcorp.com</u>
<u>Fischer, Alex</u>		<u>alex.fischer@state.co.us</u>
<u>Heil, John</u>		<u>john.heil@state.co.us</u>
<u>Walker, Mandi</u>		<u>mwalker@hilcorp.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 688800648
Inspection Date: 10/24/2019 FIR Submit Date: 10/30/2019 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: 333116

Location Name: ABEYTA-N32N6W Number: 17NWSW County: _____
Qtrqr: NWS Sec: 17 Twp: 32N Range: 6W Meridian: N
W
Latitude: _____ Longitude: _____

FACILITY - API Number: 05-067-00 Facility ID: 468925

Facility Name: Abeyta Number: 17-1
Qtrqr: NWS Sec: 17 Twp: 32N Range: 6W Meridian: N
W
Latitude: _____ Longitude: _____

CORRECTIVE ACTIIONS:

1 CA# 133101

Corrective Action: Control and contain spills/releases and clean up per Rule 906.a. Contact COGCC EPS staff.

Date: 11/29/2019

Response: CA COMPLETED

Date of Completion: 01/08/2020

Operator Comment: Lab results confirmed below closure standards. attached are the back fill photos. The excavation was 16'x16' x1' deep. Approx... 9.5 yds. of material was removed and taken to IEI for disposal. Approx....12yds of clean fill were brought in from Mesa Sand and Gravel to backfill the excavation.

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: Mandi Walker

Signed: _____

Title: Operation/Regulatory Tech

Date: 1/9/2020 12:21:58 PM

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>
402281330	Backfill Photo
402281331	Lab Results

Total Attach: 2 Files