

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:

402026225

Date Received:

04/30/2019

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: 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: 680603466

Inspection Date: 12/19/2018

FIR Submit Date: 01/04/2019

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: 333989

Location Name: BALLANTINE 34-9-M34N9W Number: 32NENE County: LA PLATA
Qtrqtr: NENE Sec: 32 Twp: 34N Range: 9W Meridian: M
Latitude: 37.151210 Longitude: -107.843440

FACILITY - API Number: 05-067- -00 Facility ID: 293872

Facility Name: BALLANTINE 34-9 Number: 32-4A
Qtrqtr: NENE Sec: 32 Twp: 34N Range: 9W Meridian: M
Latitude: 37.151210 Longitude: -107.843440

CORRECTIVE ACTIONS:

1 ☒ CA# 121491

Corrective Action: Control weeds at the appropriate time but no later than seed set during the spring 2019 growing season. Seeding with desirable vegetation in treatment areas is needed after jointed goatgrass is controlled.

Date: 04/01/2019

Response: CA COMPLETED Date of Completion: 04/25/2019

Operator Comment: Weeds were sprayed on 4-25-19. Land-owner has request that we do not re-seed treatment areas and contaminate his crops with any other vegetation.

COGCC Decision: **Not 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: PRISCILLA SHORTY

Signed: _____

Title: OperationsRegulatory Tech

Date: 4/30/2019 9:54:50 AM

ATTACHMENT LIST

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

Document Number **Description**

402026225	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files