

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:
402331242

Date Received:
03/04/2020

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

Ray, Mandy

(505) 599-4083

mray@hilcorp.com

Shorty, Priscilla

pshorty@hilcorp.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 693901473

Inspection Date: 02/27/2020

FIR Submit Date: 03/02/2020

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: 312044

Location Name: BALLANTINE 34-9-M34N9W Number: 32SWSW County: LA PLATA

Qtrqr: SWS Sec: 32 Twp: 34N Range: 9W Meridian: M
W

Latitude: 37.143540 Longitude: -107.853700

FACILITY - API Number: 05-067- -00 Facility ID: 293861

Facility Name: BALLANTINE 34-9 Number: 32-3A

Qtrqr: SWS Sec: 32 Twp: 34N Range: 9W Meridian: M
W

Latitude: 37.143540 Longitude: -107.853700

CORRECTIVE ACTIONS:

1 CA# 136842

Corrective Action: Revegetation needs to be conducted on bare soils within the western project area. Soil testing and amendment/remediation may be needed for successful revegetation.

Date: 05/01/2020

Response: CA COMPLETED

Date of Completion: 03/03/2020

Operator Comment: Operator talked to the landowner and he does not want to remediate and reseed. It is real close to his field and if Hilcorp disturbs it, weeds will start growing there. The landowner would like Catherine Roy to contact him on this matter. Call Justin Catalano, landowner, 970-749-9800.

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: 3/4/2020 7:41:52 AM

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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Total Attach: 0 Files