

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:

402201520

Date Received:

10/07/2019

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>Shorty, Priscilla</u>		<u>pshorty@hilcorp.com</u>
<u>Hughes, Jim</u>		<u>jimo.hughes@state.co.us</u>
<u>Fischer, Alex</u>		<u>alex.fischer@state.co.us</u>
<u>Ray, Mandy</u>	<u>(505) 599-4083</u>	<u>mray@hilcorp.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 693900798

Inspection Date: 09/11/2019

FIR Submit Date: 09/20/2019

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: 312037

Location Name: SCHUYLER 34-9-M34N9W Number: 30NWSE County: LA PLATA

Qtrqr: NWSE Sec: 30 Twp: 34N Range: 9W Meridian: M

Latitude: 37.158530 Longitude: -107.865030

FACILITY - API Number: 05-067-00 Facility ID: 216505

Facility Name: SCHUYLER 34-9 Number: 30-2

Qtrqr: NWSE Sec: 30 Twp: 34N Range: 9W Meridian: M

Latitude: 37.158530 Longitude: -107.865030

CORRECTIVE ACTIONS:

1 ☒ CA# 130869

Corrective Action: Revegetation needs to be conducted within the western project area during the fall 2019 seeding window, and no later than November 15, 2019. Mulching is recommended for successful vegetation establishment.

Date: 11/15/2019

Response: CA COMPLETED

Date of Completion: 09/30/2019

Operator
Comment:

We had a crew out to seed the location and mulch on the western side of location

COGCC Decision: Approved pending re-inspection

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: Amanda Walker

Signed: _____

Title: Operation/Regulatory Tech

Date: 10/7/2019 1:06:35 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>
402201520	FIR RESOLUTION SUBMITTED
402201523	Well sign
402201524	Western location 1
402201525	Western location 2
402201526	Western location 3
402201528	Western location 4
402201529	Western location 5
402201530	Western location 6
402201531	Western location 7
402201532	Western location 8

Total Attach: 10 Files