

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:
402510540

Date Received:
10/14/2020

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 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

Mandi Walker

505-324-5122

mwalker@hilcorp.com

Tom Beardslee

(970) 420-3935

tom.beardslee@state.co.us

COGCC INSPECTION SUMMARY:

FIR Document Number: 680602446

Inspection Date: 01/09/2018

FIR Submit Date: 01/24/2018

FIR Status: _____

Inspected Operator Information:

Company Name: XTO ENERGY INC

Company Number: 100264

Address: 600 E EXCHANGE AVE

City: FORTH WORTH State: TX Zip: 76164

LOCATION - Location ID: 326148

Location Name: HUBER-HECHT-N34N8W Number: 4SWNW County: LA PLATA

Qtrqr: SWN Sec: 4 Twp: 34N Range: 8W Meridian: N
W

Latitude: 37.245530 Longitude: -107.756410

FACILITY - API Number: 05-067- -00 Facility ID: 215948

Facility Name: HUBER-HECHT Number: 1-4

Qtrqr: SWN Sec: 4 Twp: 34N Range: 8W Meridian: N
W

Latitude: 37.245530 Longitude: -107.756410

CORRECTIVE ACTIONS:

1 CA# 114178

Corrective Action: Remove unused vehicles.

Date: 03/30/2018

Response: CA COMPLETED

Date of Completion: 10/09/2020

Operator
Comment:

Camper removed, unused equipment removed, weeds removed

COGCC Decision: _____

COGCC
Representative:

2 CA# 114179

Corrective Action: Stormwater controls need to be installed to stabilize erosion within the southern portion of the project area. Scoured and eroded areas need to be revegetated for long-term stabilization.

Date: 03/30/2018

Response: CA COMPLETED

Date of Completion: 01/24/2018

Operator
Comment:

These items previously addressed by XTO

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Please see Inspection 695103028 from Tom Beardslee

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: 10/14/2020 9:48:46 AM

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>
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402510546	Resolved Photos
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Total Attach: 1 Files