

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:
402520252

Date Received:
10/28/2020

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>Ray, Mandy</u>	<u>(505) 599-4083</u>	<u>mray@hilcorp.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 693902218

Inspection Date: 09/01/2020

FIR Submit Date: 09/03/2020

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: 326170

Location Name: HUBER-RADOSEVICH-N35N8W Number: 23SWSE County: LA PLATA

Qtrqtr: SWSE Sec: 23 Twp: 35N Range: 8W Meridian: N

Latitude: 37.285270 Longitude: -107.712340

FACILITY - API Number: 05-067-00 Facility ID: 215987

Facility Name: HUBER-RADOSEVICH Number: 1-23

Qtrqtr: SWSE Sec: 23 Twp: 35N Range: 8W Meridian: N

Latitude: 37.285270 Longitude: -107.712340

CORRECTIVE ACTIIONS:

1 CA# 141674

Corrective Action: -Remove unused equipment (trailers) and properly store off-site. If portions of the project area (such as areas where unused equipment is stored) are not needed for production operations, then interim reclamation is required in those areas. Corrective action date: 11/1/2020.

Date: 11/01/2020

Response: CA COMPLETED Date of Completion: 10/26/2020

The unused equipment has been removed from well site. See attached photos.

Operator _____
Comment: _____

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: 10/28/2020 10:07:42 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>
402520255	Resolved Photos

Total Attach: 1 Files