

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:
402515272

Date Received:
10/21/2020

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

Shorty, Priscilla

pshorty@hilcorp.com

Labowskie, Steve

steve.labowskie@state.co.us

Ray, Mandy

(505) 599-4083

mray@hilcorp.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 695103022

Inspection Date: 07/23/2020

FIR Submit Date: 07/29/2020

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: 326464

Location Name: EY-N34N8W Number: 4SWSW County: LA PLATA

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

Latitude: 37.240290 Longitude: -107.757740

FACILITY - API Number: 05-067- -00 Facility ID: 216543

Facility Name: EY Number: 3-4

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

Latitude: 37.240290 Longitude: -107.757740

CORRECTIVE ACTIONS:

1 ☒ CA# 140811

Corrective Action: REMOVE ALL UNUSED EQUIPMENT FROM LOCATION, COMPLY WITH RULE 603.f.

Date: 10/23/2020

Response: CA COMPLETED

Date of Completion: 10/21/2020

Operator Comment: Hilcorp Energy has spoken with the Landowner and provided him a map to show the original pad size (in attachments) and requested that all equipment be moved outside of the original pad.

COGCC Decision: Approved pending re-inspection

COGCC Representative:

COGCC Supervisor:

equipment and materials in question is on pad

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: 10/21/2020 9:23:11 AM

ATTACHMENT LIST

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

Document Number **Description**

402515272	FIR RESOLUTION SUBMITTED
402515277	Map

Total Attach: 2 Files