

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:
402669321

Date Received:
04/26/2021

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: 10071
Name of Operator: HIGHPOINT OPERATING CORPORATION
Address: 555 17TH ST STE 3700
City: DENVER State: CO Zip: 80202
Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Mike Storey</u>	<u>970-939-6353</u>	<u>mstorey@bonanzacrk.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 699103320
Inspection Date: 04/01/2021 FIR Submit Date: 04/01/2021 FIR Status: _____

Inspected Operator Information:

Company Name: HIGHPOINT OPERATING CORPORATION Company Number: 10071
Address: 555 17TH ST STE 3700
City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 458768

Location Name: Wetco Number: 4-63-4 SW County: _____
Qtrqr: NWS Sec: 4 Twp: 4N Range: 63W Meridian: 6
W
Latitude: 40.339824 Longitude: -104.449947

FACILITY - API Number: 05-123- -00

Facility ID: 458768

Facility Name: Wetco Number: 4-63-4 SW
Qtrqr: NWS Sec: 4 Twp: 4N Range: 63W Meridian: 6
W
Latitude: 40.339824 Longitude: -104.449947

CORRECTIVE ACTIONS:

1 ☒ CA# 147916

Corrective Action: Upon removing a flowline or crude oil transfer line from use with the intent to abandon, an operator must immediately apply OOSLAT to the risers. OOSLAT must stay in place at all times during the process of abandoning the flowline or crude oil transfer line until the operator removes the riser. Comply with Rule 1105.b

Date: 04/12/2021

Response: CA COMPLETED

Date of Completion: 04/12/2021

Risers marked with OOSLAT per Rule 1105.b

Operator
Comment:

COGCC Decision: Approved

COGCC
Representative:

Was approved on prior inspection document #699103364

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: Aubrey Noonan

Signed: _____

Title: Regulatory Analyst

Date: 4/26/2021 8:01:36 AM

ATTACHMENT LIST

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

Document Number **Description**

402669321	FIR RESOLUTION SUBMITTED
402669963	Compliance Photos

Total Attach: 2 Files