

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:

403092192

Date Received:

06/29/2022

FIR RESOLUTION FORM

Overall Status:

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>Jones, Tammy</u>		<u>tajones@hilcorp.com</u>
<u>Shorty, Priscilla</u>		<u>pshorty@hilcorp.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 693904585

Inspection Date: 06/01/2022

FIR Submit Date: 06/16/2022

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: 333954

Location Name: ARGENTA 34-10-M34N10W Number: 33NWNE County: LA PLATA

Qtrqtr: NWNE Sec: 33 Twp: 34N Range: 10W Meridian: M

Latitude: 37.152130 Longitude: -107.934760

FACILITY - API Number: 05-067-00 Facility ID: 261505

Facility Name: ARGENTA 34-10 Number: 33-3

Qtrqtr: NWNE Sec: 33 Twp: 34N Range: 10W Meridian: M

Latitude: 37.152130 Longitude: -107.934760

CORRECTIVE ACTIONS:

1 CA# 162750

Corrective Action: Stormwater controls need to be installed along the northern edge of the project area where concentrated stormwater flows off of the well pad. Maintain and manage stormwater BMP within the southeastern project area.

Date: 07/16/2022

Response: CA COMPLETED

Date of Completion: 06/28/2022

Operator Comment: The Erosional channeling on the northeastern project area has been filled in. We added drainage to diverted the stormwater down a more gradual slop off location to prevent any further erosion in these areas. See attached photos.

COGCC Decision: _____

COGCC
Representative:

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OPERATOR COMMENT AND SUBMITTAL

Comment:

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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: 6/29/2022 6:08:33 AM

ATTACHMENT LIST

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

Document Number **Description**

403092193	Argenta 34-10 33-3_Resolved Photos
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Total Attach: 1 Files