

State of Colorado Energy & Carbon Management Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:
403771028

Date Received:
04/26/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:
 2 of 5 CAs from the FIR responded to on this Form
 2 CA Completed
 0 Factual Review Request

OPERATOR INFORMATION

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

Additional Operator Contact:

Contact Name	Phone	Email
<u>Luke Kelly</u>	<u>970-939-6353</u>	<u>lkelly@civiresources.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 713900536
 Inspection Date: 04/04/2024 FIR Submit Date: 04/19/2024 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: 437854

Location Name: Anschutz Equus Farms Number: 4-62-33 County: _____
NWNW
 Qtrqr: NWN Sec: 33 Twp: 4N Range: 62W Meridian: 6
W
 Latitude: 40.273303 Longitude: -104.337575

FACILITY - API Number: 05-123-00 Facility ID: 437854

Facility Name: Anschutz Equus Farms Number: 4-62-33
NWNW
 Qtrqr: NWN Sec: 33 Twp: 4N Range: 62W Meridian: 6
W
 Latitude: 40.273303 Longitude: -104.337575

CORRECTIVE ACTIONS:

1 CA# 194425	
Corrective Action: <u>Remove stained soil per Rule 912.a.</u>	Date: <u>05/19/2024</u>
Response: <u>CA COMPLETED</u>	Date of Completion: <u>04/25/2024</u>
Operator Comment: <u>Stained soil has been removed to comply with Rule 912.a.</u>	

ECMC Decision: _____

ECMC Representative: _____

3 CA# 194427

Corrective Action: Comply with Rule 606 to remove weed debris.

Date: 04/26/2024

Response: CA COMPLETED

Date of Completion: 04/25/2024

Operator Comment:

Weed debris has been removed to comply with Rule 606.

ECMC Decision: _____

ECMC 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: Ashley Noonan

Signed: _____

Title: Sr Regulatory Analyst

Date: 4/26/2024 12:55:28 PM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
403771038	CA Resolution Photos

Total Attach: 1 Files