

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:

403931713

Date Received:

09/24/2024

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

ECMC 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 |
|------------------|--------------|---------------------------------------|
| Jones, Tammy | 713-209-4000 | FarmingtonRegulatoryTechs@hilcorp.com |
| Labowskie, Steve | | steve.labowskie@state.co.us |

ECMC INSPECTION SUMMARY:

FIR Document Number: 715200822

Inspection Date: 08/27/2024

FIR Submit Date: 09/06/2024

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: 333700

Location Name: SCHIRARD-N34N8W Number: 12SENE County: LA PLATA

Qtrqtr: SENE Sec: 12 Twp: 34N Range: 8W Meridian: M

Latitude: 37.206310 Longitude: -107.662970

FACILITY - API Number: 05-067-00 Facility ID: 286247

Facility Name: SCHIRARD Number: 4-12U

Qtrqtr: SENE Sec: 12 Twp: 34N Range: 8W Meridian: M

Latitude: 37.206310 Longitude: -107.662970

CORRECTIVE ACTIONS:

1 CA# 198427

Corrective Action: Install proper guy line markers per Rule 1003.a

Date: 09/27/2024

Response: CA COMPLETED

Date of Completion: 09/24/2024

Operator Comment: All dead men have been marked. See attached photos.

ECMC Decision: _____

| | |
|-------------------------|--|
| ECMC Representative: | |
|-------------------------|--|

| | |
|---|--------------------------------|
| OPERATOR COMMENT AND SUBMITTAL | |
| Comment: | Resolved - see attached photos |
| I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete. | |
| Print Name: Tammy Jones | Signed: _____ |
| Title: Ops/Regulatory Tech | Date: 9/24/2024 7:27:32 AM |

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> |
|------------------------|--------------------------|
| 403931713 | FIR RESOLUTION SUBMITTED |
| 403931715 | Resolved Photos |

Total Attach: 2 Files