

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:

404004274

Date Received:

11/22/2024

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: 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

Luke Kelly

Phone

970-939-6353

Email

lkelly@civiresources.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 717700282

Inspection Date: 08/29/2024

FIR Submit Date: 08/29/2024

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: 446992

Location Name: Anschutz Equus Farms

Number: 3-62-4_5
CE2

County: WELD

Qtrqtr: NESE

Sec: 4

Twp: 3N

Range: 62W

Meridian: 6

Latitude: 40.254684

Longitude: -104.320501

FACILITY - API Number: 05-123- -00

Facility ID: 447099

Facility Name: Anschutz Equus Farms

Number: 3-62-4-
4033B2

Qtrqtr: NESE

Sec: 4

Twp: 3N

Range: 62W

Meridian: 6

Latitude: 40.254684

Longitude: -104.320501

CORRECTIVE ACTIONS:

1 CA# 198128

Corrective Action: Install sign to comply with Rule 605.d.

Date: 12/31/2024

Response: CA COMPLETED

Date of Completion: 08/11/2017

Operator
Comment:

Operator reports that Form 4 Doc # 401347167 was approved on 8/11/2017 to update the Well Name to Anschutz Equus Farms 3-62-4-4033C. In addition to this discovery, the Operator has contacted the ECMC Permit/Completion Supervisor on 11/7/2024 with a list of wells that included the Old Name vs the New well name based on the approved Form 4 (including doc #). The operator was informed that this list will be submitted to the ECMC IT department.

ECMC Decision: _____

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: CA follow-up has been completed for this location

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: 11/22/2024 1:04:47 PM

ATTACHMENT LIST

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

Document Number **Description**

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Total Attach: 0 Files