

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:
404317153

Date Received:
08/14/2025

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 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
<u>Tammy Jones</u>		<u>pshorty@hilcorp.com</u> <u>farmingtonregulatorytechs@hilcorp.com</u> <u>mwalker@hilcorp.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 714002366
Inspection Date: 08/06/2025 FIR Submit Date: 08/07/2025 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: 326481

Location Name: ARGENTA 34-10-M34N10W Number: 32NENW County: _____
Qtrqtr: NENW Sec: 32 Twp: 34N Range: 10W Meridian: M
Latitude: 37.151887 Longitude: -107.961031

FACILITY - API Number: 05-067-00 Facility ID: 326481

Facility Name: ARGENTA 34-10-M34N10W Number: 32NENW
Qtrqtr: NENW Sec: 32 Twp: 34N Range: 10W Meridian: M
Latitude: 37.151887 Longitude: -107.961031

CORRECTIVE ACTIONS:

1 CA# 206934

Corrective Action: comply with rule 608. Date: 08/14/2025

Response: CA COMPLETED Date of Completion: 08/14/2025

Operator Comment: repaired wildlife covering on day tank for pumping unit

ECMC Decision: _____

ECMC Representative: _____

2 CA# 206935

Corrective Action: Comply with rule 1002 Install or repair required BMPs.

Date: _____

Response: CA COMPLETED

Date of Completion: 08/14/2025

Operator Comment: Repaired erosion issues

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: 8/14/2025 2:07:44 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>
404317153	FIR RESOLUTION SUBMITTED
404317174	RESOLVED Photos

Total Attach: 2 Files