

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:
404334129

Date Received:
08/28/2025

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 2 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	Phone	Email
<u>Luke Kelly</u>	<u>970-939-6353</u>	<u>lkelly@civiresources.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 714000936
Inspection Date: 07/09/2024 FIR Submit Date: 07/11/2024 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: 313631

Location Name: KOSKIE Number: 16H-28-38-16 County: _____
Qtrqr: SESE Sec: 28 Twp: 38N Range: 16W Meridian: N
Latitude: 37.518550 Longitude: -108.612058

FACILITY - API Number: 05-083-00 Facility ID: 313631

Facility Name: KOSKIE Number: 16H-28-38-16
Qtrqr: SESE Sec: 28 Twp: 38N Range: 16W Meridian: N
Latitude: 37.518550 Longitude: -108.612058

CORRECTIVE ACTIONS:

2 CA# 196723

Corrective Action: Comply with rule 1004.e remove/treat weeds. Date: 07/25/2024

Response: CA COMPLETED Date of Completion: 08/28/2025

Operator Comment: Civitas Resources respectfully requests closure of the following CA in accordance with Rule 1004, as the Surface Owner has refused access to the property both now and in the future for any individuals employed by Civitas Resources or the ECMC. This refusal was communicated to Civitas through a voicemail message left by the Landowner.

ECMC Decision: _____

ECMC
Representative:

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OPERATOR COMMENT AND SUBMITTAL

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

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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: Aubrey Noonan

Signed: _____

Title: Sr. Regulatory Analyst

Date: 8/28/2025 8:47:37 AM

ATTACHMENT LIST

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

Document Number **Description**

404334135	Report Resolution
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Total Attach: 1 Files