

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:  
404334261

Date Received:  
08/28/2025

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

**ECMC INSPECTION SUMMARY:**

FIR Document Number: 714002181  
Inspection Date: 05/14/2025 FIR Submit Date: 05/23/2025 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: 313626

Location Name: GRAY-N37N17W Number: 15SWSW County: \_\_\_\_\_  
Qtrqtr: SWS Sec: 15 Twp: 37N Range: 17W Meridian: N  
W  
Latitude: 37.458360 Longitude: -108.716920

FACILITY - API Number: 05-083- -00 Facility ID: 313626

Facility Name: GRAY-N37N17W Number: 15SWSW  
Qtrqtr: SWS Sec: 15 Twp: 37N Range: 17W Meridian: N  
W  
Latitude: 37.458360 Longitude: -108.716920

**CORRECTIVE ACTIONS:**

**1** CA# 205070

Corrective Action: Contact area EPS (Jason Kosola) for pit closure requirements. Date: \_\_\_\_\_

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

Operator Comment: Operator has filed a Form 27 Doc # 404331014 in order to comply with Rule 1004.

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: Aubrey Noonan

Signed: \_\_\_\_\_

Title: Sr. Regulatory Analyst

Date: 8/28/2025 9:17:51 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>       |
|------------------------|--------------------------|
| 404334261              | FIR RESOLUTION SUBMITTED |
| 404334269              | Report Resolution        |

Total Attach: 2 Files