

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:
404446595

Date Received:
11/21/2025

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: 714002214
Inspection Date: 06/12/2025 FIR Submit Date: 06/27/2025 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: 322138

Location Name: JOHNSON-N39N18W Number: 12SESE County: _____
Qtrqtr: SESE Sec: 12 Twp: 39N Range: 18W Meridian: N
Latitude: 37.647110 Longitude: -108.776070

FACILITY - API Number: 05-033-00 Facility ID: 322138

Facility Name: JOHNSON-N39N18W Number: 12SESE
Qtrqtr: SESE Sec: 12 Twp: 39N Range: 18W Meridian: N
Latitude: 37.647110 Longitude: -108.776070

CORRECTIVE ACTIONS:

1 CA# 205825

Corrective Action: Comply with the condition of approval as laid out in remediation project #4901 that states "perform visual monitoring of next season crop growth. If negative growth impacts are observed, additional remediation may be required" Date: _____

Submit form 27 to open new remediation project, route to area EPS Jason Kosola.

Response: CA COMPLETED Date of Completion: 11/21/2025

Operator Comment: Form 27 Doc # 404446216 was submitted on 11/21/2025 to initiate site investigation

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: 11/21/2025 12:42:38 PM

ATTACHMENT LIST

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

Document Number **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files