

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402974689

Date Received:

03/07/2022

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

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

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10699

Name of Operator: OWN RESOURCES OPERATING LLC

Address: 38 PALMER CREST CT

City: SPRING State: TX Zip: 77381

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Jones, Greg

970-332-3585

greg.jones@ownresources.com

Dolezal, Pat

970-332-3585

pat.dolezal@ownresources.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 688311855

Inspection Date: 01/03/2022

FIR Submit Date: 01/13/2022

FIR Status: _____

Inspected Operator Information:

Company Name: OWN RESOURCES OPERATING LLC

Company Number: 10699

Address: 38 PALMER CREST CT

City: SPRING State: TX Zip: 77381

LOCATION - Location ID: 303519

Location Name: JONES-61N44W Number: 19NWNE County: YUMA

Qtrqr: NWNE Sec: 19 Twp: 1N Range: 44W Meridian: 6

Latitude: 40.044870 Longitude: -102.328680

FACILITY - API Number: 05-125-00 Facility ID: 253225

Facility Name: JONES Number: 2

Qtrqr: NWNE Sec: 19 Twp: 1N Range: 44W Meridian: 6

Latitude: 40.044870 Longitude: -102.328680

CORRECTIVE ACTIONS:

1 ☒ CA# 159166

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

Date: 01/28/2022

Response: CA COMPLETED

Date of Completion: 03/04/2022

Operator Comment: New sign has been installed

COGCC Decision: Approved pending re-inspection

COGCC
Representative:

2 ☒ CA# 159167

Corrective Action: Install or repair required BMPs per Rule 1002.f(2)C.

Date: 01/28/2022

Response: CA COMPLETED

Date of Completion: 03/04/2022

Operator
Comment: Gravel was delivered to location and berm repaired.

COGCC Decision: Approved pending re-inspection

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment:

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Pat Dolezal

Signed: _____

Title: Regulatory Specialist

Date: 3/7/2022 8:57:10 AM

ATTACHMENT LIST

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

Document Number **Description**

402974689	FIR RESOLUTION SUBMITTED
-----------	--------------------------

Total Attach: 1 Files