

State of Colorado
Energy & Carbon Management Commission



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Document Number:
403489206

Date Received:
08/08/2023

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

OGCC Operator Number: 10699
Name of Operator: OWN RESOURCES OPERATING LLC
Address: 305 S RIDGE STREET #6279
City: BRECKENRIDGE State: CO Zip: 80424

Contact Name and Telephone:
Name:
Phone: () Fax: ()
Email:

Additional Operator Contact:

Contact Name	Phone	Email
Dolezal, Pat	970-332-3585	pat.dolezal@ownresources.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 698600778
Inspection Date: 07/17/2023 FIR Submit Date: 07/25/2023 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: 303931

Location Name: GARDNER-61N46W Number: 27SWNW County: YUMA
Qtrqtr: SWN Sec: 27 Twp: 1N Range: 46W Meridian: 6
W
Latitude: 40.025350 Longitude: -102.509960

FACILITY - API Number: 05-125-00 Facility ID: 253809

Facility Name: GARDNER Number: 1-27
Qtrqtr: SWN Sec: 27 Twp: 1N Range: 46W Meridian: 6
W
Latitude: 40.025350 Longitude: -102.509960

CORRECTIVE ACTIONS:

1 CA# 176331

Corrective Action: Install or repair required BMPs per Rule 1002.f.(2)C Date: 08/04/2023

Corrective action date adjusted to allow access and repair time during current weather pattern of incimate weather. Addressing issue sooner to prevent further erosion during period of heay rain is encouraged.

Response: CA COMPLETED Date of Completion: 08/04/2023

Friday August 4th, area foreman filled in the on location washout. Monday August 7th meeting to discuss plan to repair location, build berm along edge of location, add straw bales to to slow rain water moving off of location.

Operator Comment: Weekly thunderstorms has slowed the process

COGCC Decision: _____

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: Regulator Specialist

Date: 8/8/2023 7:12:14 AM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
403489216	Photo
403489218	Photo
403489219	photo

Total Attach: 3 Files