

State of Colorado  
Energy & Carbon Management Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
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Document Number:  
403540297

Date Received:  
09/25/2023

## FIR RESOLUTION FORM

### Overall Status:

#### 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: 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

Edwardson, Dylan

(970) 420-0377

dylan.edwardson@state.co.us

### COGCC INSPECTION SUMMARY:

FIR Document Number: 701007189

Inspection Date: 08/01/2023

FIR Submit Date: 08/02/2023

FIR Status: \_\_\_\_\_

#### Inspected Operator Information:

Company Name: OWN RESOURCES OPERATING LLC

Company Number: 10699

Address: 305 S RIDGE STREET #6279

City: BRECKENRIDGE State: CO Zip: 80424

#### LOCATION - Location ID: 303258

Location Name: DEVLIN-64S43W Number: 19SWNW County: YUMA

Qtrqtr: SWN Sec: 19 Twp: 4S Range: 43W Meridian: 6

Latitude: 39.697285 Longitude: -102.232501

#### FACILITY - API Number: 05-125-00 Facility ID: 252774

Facility Name: DEVLIN Number: 12-19

Qtrqtr: SWN Sec: 19 Twp: 4S Range: 43W Meridian: 6

Latitude: 39.697285 Longitude: -102.232501

### CORRECTIVE ACTIONS:

1 CA# 177100

Corrective Action: Remove tank from location and begin final reclamation process

Date: 09/01/2023

Response: CA COMPLETED

Date of Completion: 08/24/2023

Operator Comment: Produced water tank has been removed from location

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

**2** CA# 177101

Corrective Action: Remove equipment and begin final reclamation process

Date: \_\_\_\_\_

Response: CA COMPLETED

Date of Completion: 08/24/2023

Operator  
Comment:

Equipment has been removed.

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: Regulatory Specialist

Date: 9/25/2023 1:42:12 PM

### 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>
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Total Attach: 0 Files