

State of Colorado
Energy & Carbon Management Commission



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Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:
403565163

Date Received:
10/18/2023

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: 10690

Name of Operator: IMPETRO RESOURCES LLC

Address: 558 CASTLE PINES PKWY UNIT B-4

City: CASTLE PINES State: CO Zip: 80108

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Young, Rob

rob.young@state.co.us

Bonger, Brent

bbongers@impetroresources.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 688305240

Inspection Date: 07/09/2019

FIR Submit Date: 07/15/2019

FIR Status: _____

Inspected Operator Information:

Company Name: WARD & SON* ALFRED

Company Number: 94300

Address: P O BOX 737

City: OGALLALLA State: NE Zip: 69153

LOCATION - Location ID: 317121

Location Name: BLOMENKAMP-63S56W Number: 20NWNE County: WASHINGTON

Qtrqtr: NWNE Sec: 20 Twp: 3S Range: 56W Meridian: 6

Latitude: 39.782070 Longitude: -103.674880

FACILITY - API Number: 05-121-

-00

Facility ID: 236505

Facility Name: BLOMENKAMP

Number: 2

Qtrqtr: NWNE Sec: 20 Twp: 3S Range: 56W Meridian: 6

Latitude: 39.782070 Longitude: -103.674880

CORRECTIVE ACTIONS:

1 CA# 127093

Corrective Action: Install stormwater BMPs to prevent offsite sediment transport.

Date: 08/16/2019

Response: CA COMPLETED

Date of Completion: 03/03/2020

Operator
Comment:

Inspection done on 3/3/2020, Document #688307127, states that "a berm/ditch was installed at the foot of the NE corner of the NE pit to limit sediment transport" in the inspector's comments.

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Inspection done on 3/3/2020, Document #688307127, states that "a berm/ditch was installed at the foot of the NE corner of the NE pit to limit sediment transport" in the inspector's comments.

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

Print Name: Amber Barnett

Signed: _____

Title: Compliance Specialist

Date: 10/18/2023 2:59:00 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