

State of Colorado
Energy & Carbon Management Commission



Document Number:
403582542

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

Date Received:
11/02/2023

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
<u>Pesicka, Conor</u>		<u>conor.pesicka@state.co.us</u>
<u>Dolezal, Pat</u>	<u>970-332-3585</u>	<u>pat.dolezal@ownresources.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 698600936
Inspection Date: 08/15/2023 FIR Submit Date: 08/21/2023 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: 303577

Location Name: ECKLEY KITZMILLER-63N45W Number: 5SESE County: YUMA
Qtrqr: SESE Sec: 5 Twp: 3N Range: 45W Meridian: 6
Latitude: 40.252050 Longitude: -102.417900

FACILITY - API Number: 05-125-00 Facility ID: 253315

Facility Name: ECKLEY KITZMILLER Number: 2-5
Qtrqr: SESE Sec: 5 Twp: 3N Range: 45W Meridian: 6
Latitude: 40.252050 Longitude: -102.417900

CORRECTIVE ACTIONS:

1 CA# 179071

Corrective Action: Install sign to comply with Rule 605.h. Date: 10/21/2023

Response: CA COMPLETED Date of Completion: 10/27/2023

Operator Comment: Signage installed

COGCC Decision: _____

COGCC Representative:

[Empty text box]

2 CA# 179072

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

Date: 09/21/2023

Response: CA COMPLETED

Date of Completion: 10/27/2023

Operator Comment: Signage installed

[Empty text box]

COGCC Decision:

COGCC Representative:

[Empty text box]

OPERATOR COMMENT AND SUBMITTAL

Comment:

[Empty text box]

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: 11/2/2023 3:08:42 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>

Total Attach: 0 Files