

State of Colorado
Energy & Carbon Management Commission

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



Document Number:

403568622

Date Received:

10/23/2023

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: 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

Bongers, Brent

bbongers@impetroresources.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 688304708

Inspection Date: 05/24/2019

FIR Submit Date: 05/28/2019

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# 125636

Corrective Action: Repair or install berms or other secondary containment devices per Rule 605.a.(4).

Date: 06/28/2019

Response: CA COMPLETED

Date of Completion: 06/28/2019

Operator Comment: Reinspection done 8/10/2020 (Document #688308337, states the "Reinspection, passed.")

COGCC Decision:

Approved _____

COGCC
Representative:

2 ☒ CA# 125637

Corrective Action: Comply with Rule 603.f .

Date: 08/28/2019

Response: CA COMPLETED

Date of Completion: 08/28/2019

Operator
Comment:

Reinspection done 8/10/2020 (Document #688308337, states the "Reinspection, passed.")

COGCC Decision: Approved

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: Amber Barnett

Signed: _____

Title: Compliance Specialist

Date: 10/23/2023 9:12:22 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>
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403568622	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files