

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:
403568682

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
<u>Bongers, Brent</u>		<u>bbongers@impetroresources.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 688302525
Inspection Date: 09/24/2018 FIR Submit Date: 09/30/2018 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: 316968

Location Name: PIERCE-63S56W Number: 9SWSW County: WASHINGTON
Qtrqtr: SWS Sec: 9 Twp: 3S Range: 56W Meridian: 6
W
Latitude: 39.800460 Longitude: -103.665790

FACILITY - API Number: 05-121-00 Facility ID: 233588

Facility Name: PIERCE Number: 1
Qtrqtr: SWS Sec: 9 Twp: 3S Range: 56W Meridian: 6
W
Latitude: 39.800460 Longitude: -103.665790

CORRECTIVE ACTIONS:

1 CA# 119135

Corrective Action: For localized spotting of oily waste - Properly treat or dispose of oily waste in accordance with 907.e.

Date: 10/31/2018

Response: CA COMPLETED Date of Completion: 08/10/2020

Reinspection done 8/10/2020, Document #688308338, Reinspection Passed.

Operator: _____
Comment: _____

COGCC Decision: Approved

COGCC Representative: _____

2 CA# 119136

Corrective Action: Contact COGCC EPS. Date: 10/08/2018

Response: CA COMPLETED Date of Completion: 08/10/2020

Operator Comment: Reinspection done 8/10/2020, Document #688308338, 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 9:29:14 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>
403568682	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files