

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

Bongers, Brent

bbongers@impetroresources.com

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.

Document Number **Description**

403568682	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files