

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:
403717277

Date Received:
03/13/2024

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

COGCC INSPECTION SUMMARY:

FIR Document Number: 698601240
Inspection Date: 10/31/2023 FIR Submit Date: 11/06/2023 FIR Status: _____

Inspected Operator Information:

Company Name: OWN RESOURCES OPERATING LLC Company Number: 10699
Address: 305 S RIDGE STREET #6279
City: BRECKENRIDGE State: CO Zip: 80424

LOCATION - Location ID: 303880

Location Name: STULTS-61N45W Number: 32NENW County: YUMA
Qtrqtr: NENW Sec: 32 Twp: 1N Range: 45W Meridian: 6
Latitude: 40.015890 Longitude: -102.427880

FACILITY - API Number: 05-125-00 Facility ID: 253745

Facility Name: STULTS Number: 21-32
Qtrqtr: NENW Sec: 32 Twp: 1N Range: 45W Meridian: 6
Latitude: 40.015890 Longitude: -102.427880

CORRECTIVE ACTIONS:

1 CA# 187845

Corrective Action: Comply with Rule 1002..(2).D. Conduct maintenance on equipment, cleanup stained material and review self inspection processes. Date: 11/11/2023

Response: CA COMPLETED Date of Completion: 03/05/2024

Operator Comment: Soil was turned at wellhead

COGCC Decision: _____

COGCC Representative:

[Empty text box]

2 CA# 187846

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

Date: 12/07/2023

Response: CA COMPLETED

Date of Completion: 02/13/2024

Operator Comment: Stickers were installed on sign

[Empty text box]

COGCC Decision:

[Empty text box]

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: 3/13/2024 8:49:51 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>
[Empty]	[Empty]

Total Attach: 0 Files