

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

Dolezal, Pat

970-332-3585

pat.dolezal@ownresources.com

Pesicka, Conor

conor.pesicka@state.co.us

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:

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

COGCC Decision:

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: 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> |
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Total Attach: 0 Files