

State of Colorado Energy & Carbon Management Commission



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Document Number:
403717289

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: <u>10699</u>	Contact Name and Telephone:
Name of Operator: <u>OWN RESOURCES OPERATING LLC</u>	Name: _____
Address: <u>305 S RIDGE STREET #6279</u>	Phone: () _____ Fax: () _____
City: <u>BRECKENRIDGE</u> State: <u>CO</u> Zip: <u>80424</u>	Email: _____

Additional Operator Contact:

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

COGCC INSPECTION SUMMARY:

FIR Document Number: 698601238
 Inspection Date: 10/31/2023 FIR Submit Date: 11/05/2023 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: 303909

Location Name: STULTS-61N45W Number: 32NWSE County: YUMA
 Qtrqtr: NWSE Sec: 32 Twp: 1N Range: 45W Meridian: 6
 Latitude: 40.008200 Longitude: -102.423160

FACILITY - API Number: 05-125-00 Facility ID: 253781

Facility Name: STULTS Number: 33-32
 Qtrqtr: NWSE Sec: 32 Twp: 1N Range: 45W Meridian: 6
 Latitude: 40.008200 Longitude: -102.423160

CORRECTIVE ACTIONS:

1 CA# 187840

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 applied to sign to update operator and phone number

COGCC Decision: _____

COGCC
Representative:

2 CA# 187841

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

Date: 12/07/2023

Response: CA COMPLETED

Date of Completion: 02/13/2024

Operator
Comment: Stickers were applied to sign to update operator and contact information

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 8:56:55 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>

Total Attach: 0 Files