

State of Colorado
Energy & Carbon Management Commission



Document Number:

403717289

Date Received:

03/13/2024

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

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

Pesicka, Conor

conor.pesicka@state.co.us

Dolezal, Pat

970-332-3585

pat.dolezal@ownresources.com

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: <u>12/07/2023</u> Response: <u>CA COMPLETED</u> Date of Completion: <u>02/13/2024</u> Operator Comment: Stickers were applied to sign to update operator and contact information COGCC Decision: _____ COGCC Representative: |

| | |
|--|--|
| <u>OPERATOR COMMENT AND SUBMITTAL</u> | |
| Comment: | |
| I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete. Print Name: <u>Pat Dolezal</u> Signed: _____ Title: <u>Regulatory Specialist</u> Date: <u>3/13/2024 8:56:55 AM</u> | |

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