

State of Colorado
Energy & Carbon Management Commission



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Document Number:
403725563

Date Received:
03/20/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 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 |

COGCC INSPECTION SUMMARY:

FIR Document Number: 698601589
Inspection Date: 01/30/2024 FIR Submit Date: 03/01/2024 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: 304452

Location Name: GODSEY-61N45W Number: 20NESE County: YUMA
Qtrqtr: NESE Sec: 20 Twp: 1N Range: 45W Meridian: 6
Latitude: 40.036720 Longitude: -102.418830

FACILITY - API Number: 05-125- -00 Facility ID: 262504

Facility Name: GODSEY Number: 43-20
Qtrqtr: NESE Sec: 20 Twp: 1N Range: 45W Meridian: 6
Latitude: 40.036720 Longitude: -102.418830

CORRECTIVE ACTIONS:

1 CA# 192586

Corrective Action: Repair erosion damage and install appropriate BMP's to prevent reoccurrence. Review Self-inspection, maintenance, and good housekeeping procedures and schedules to facilitate identification of conditions that could cause breakdowns or failures of BMPs to comply with Rule 1002.(2).D.

Date: 03/11/2024

Response: CA COMPLETED Date of Completion: 03/15/2024

Operator Comment: Lease attendant and area foreman spread straw bales on erosion area 03/5/24, fill was brought in to repair road 03/15/24

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: 3/20/2024 8:26:30 AM

ATTACHMENT LIST

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

Document Number **Description**

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Total Attach: 0 Files