

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:  
403734525

Date Received:  
03/28/2024

## FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

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

1 CA Completed  
0 Factual Review Request

### OPERATOR INFORMATION

ECMC 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>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>

ECMC INSPECTION SUMMARY:

FIR Document Number: 698601609  
Inspection Date: 01/31/2024      FIR Submit Date: 03/04/2024      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: 304015

Location Name: SCOFIELD-61N45W      Number: 7SENE      County: YUMA  
Qtrqtr: SENE      Sec: 7      Twp: 1N      Range: 45W      Meridian: 6  
Latitude: 40.070190      Longitude: -102.438152

FACILITY - API Number: 05-125- -00      Facility ID: 253934

Facility Name: SCOFIELD      Number: 42-7  
Qtrqtr: SENE      Sec: 7      Twp: 1N      Range: 45W      Meridian: 6  
Latitude: 40.070190      Longitude: -102.438152

CORRECTIVE ACTIONS:

1 ☒ CA# 192609

Corrective Action: Install sign to comply with Rule 605.a.      Date: 04/04/2024

Response: CA COMPLETED      Date of Completion: 03/26/2024

Operator  
Comment: Well signs have been updated

ECMC Decision: Approved

ECMC Representative:	Follow-up inspection completed 4/9/2024. CA completed.
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<b>OPERATOR COMMENT AND SUBMITTAL</b>	
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: 3/28/2024 10:15:10 AM

**ATTACHMENT LIST**

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

<u>Document Number</u>	<u>Description</u>
403734525	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files