

State of Colorado Energy & Carbon Management Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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Document Number:
403757909

Date Received:
04/17/2024

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

ECMC 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 |
| <u>Dolezal, Pat</u> | <u>970-332-3585</u> | <u>pat.dolezal@ownresources.com</u> |

ECMC INSPECTION SUMMARY:

FIR Document Number: 698601608
Inspection Date: 01/31/2024 FIR Submit Date: 03/03/2024 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: 304856

Location Name: ROCKWELL-61N45W Number: 7SWSE County: YUMA
Qtrqtr: SWSE Sec: 7 Twp: 1N Range: 45W Meridian: 6
Latitude: 40.063080 Longitude: -102.442912

FACILITY - API Number: 05-125- -00 Facility ID: 275557

Facility Name: ROCKWELL Number: 34-7
Qtrqtr: SWSE Sec: 7 Twp: 1N Range: 45W Meridian: 6
Latitude: 40.063080 Longitude: -102.442912

CORRECTIVE ACTIONS:

1 CA# 192606

Corrective Action: Install sign to comply with Rule 605.a. Date: 04/03/2024

Response: CA COMPLETED Date of Completion: 04/16/2024

Operator Comment: Vinyl decal with correct information has been applied to well sign

ECMC Decision: _____

ECMC
Representative:

2 CA# 192607

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

Date: 04/03/2024

Response: CA COMPLETED

Date of Completion: 04/16/2024

Operator
Comment: Vinyl decal with correct information has been applied to well sign

ECMC Decision: _____

ECMC
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: 4/17/2024 11:36:43 AM

ATTACHMENT LIST

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

Document Number **Description**

| <u>Document Number</u> | <u>Description</u> |
|------------------------|--------------------|
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Total Attach: 0 Files