

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:
403767208

Date Received:
04/24/2024

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

ECMC Operator Number: 10755

Name of Operator: MORNINGSTAR OPERATING LLC

Address: 400 W 7TH ST

City: FORT WORTH State: TX Zip: 76102

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Connie Blaylock

cblaylock@mspartners.com

Amy Byars

abyars@mspartners.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 714000666

Inspection Date: 04/12/2024

FIR Submit Date: 04/16/2024

FIR Status: _____

Inspected Operator Information:

Company Name: MORNINGSTAR OPERATING LLC

Company Number: 10755

Address: 400 W 7TH ST

City: FORT WORTH State: TX Zip: 76102

LOCATION - Location ID: 320872

Location Name: PETERSON 32-6-N32N6W Number: 14NWSE County: _____

Qtrqtr: NWSE Sec: 14 Twp: 32N Range: 6W Meridian: N

Latitude: 37.014560 Longitude: -107.468080

FACILITY - API Number: 05-007- -00 Facility ID: 320872

Facility Name: PETERSON 32-6-N32N6W Number: 14NWSE

Qtrqtr: NWSE Sec: 14 Twp: 32N Range: 6W Meridian: N

Latitude: 37.014560 Longitude: -107.468080

CORRECTIVE ACTIONS:

1 CA# 194310

Corrective Action: Comply with rule 606, remove and properly dispose of debris.

Date: _____

Response: CA COMPLETED

Date of Completion: 04/23/2024

Operator
Comment:

As of 4/23, debris has been removed and disposed of. Photos attached.

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: <u>Connie Blaylock</u> | Signed: _____ |
| Title: <u>Regulatory Analyst</u> | Date: <u>4/24/2024 8:38:07 AM</u> |

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> |
|------------------------|------------------------|
| 403767217 | Photo 1 Debris Removed |
| 403767220 | Photo 2 Debris Removed |
| 403767221 | Photo 3 Debris Removed |
| 403767222 | Photo 4 Debris Removed |

Total Attach: 4 Files