

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:
403778006

Date Received:
05/03/2024

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: 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: 714000723

Inspection Date: 04/23/2024

FIR Submit Date: 04/25/2024

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: 320880

Location Name: QUINTANA 32-5-N32N5W Number: 7NWSE County: _____

Qtrqtr: NWSE Sec: 7 Twp: 32N Range: 5W Meridian: N

Latitude: 37.029540 Longitude: -107.433100

FACILITY - API Number: 05-007- -00 Facility ID: 320880

Facility Name: QUINTANA 32-5-N32N5W Number: 7NWSE

Qtrqtr: NWSE Sec: 7 Twp: 32N Range: 5W Meridian: N

Latitude: 37.029540 Longitude: -107.433100

CORRECTIVE ACTIONS:

1 CA# 194725

Corrective Action: Maintain equipment and clean up impacted material and dispose per Rule 906 and 1002.

Date: 04/30/2024

Response: CA COMPLETED

Date of Completion: 05/01/2024

Operator
Comment:

Problem addressed and impacted material removed as of 5/1/24.

ECMC Decision: _____

ECMC
Representative:

2 CA# 194726

Corrective Action: Comply with rule 1002 Install or repair required BMPs.

Date: _____

Response: CA COMPLETED

Date of Completion: 05/01/2024

Operator
Comment: BMPs repaired / installed as of 5/1/24.

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: Connie Blaylock

Signed: _____

Title: Regulatory Analyst

Date: 5/3/2024 8:49:09 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>
403778029	Photo 1
403778030	Photo 2
403778031	Photo 3

Total Attach: 3 Files