

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:

403778334

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: 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

ECMC INSPECTION SUMMARY:

FIR Document Number: 698601998

Inspection Date: 04/22/2024

FIR Submit Date: 05/02/2024

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: 303593

Location Name: TUELL 35-64N46W Number: 35NWNW County: YUMA

Qtrqtr: NWN Sec: 35 Twp: 4N Range: 46W Meridian: 6
W

Latitude: 40.277500 Longitude: -102.488230

FACILITY - API Number: 05-125-00 Facility ID: 253332

Facility Name: TUELL 35 Number: 4

Qtrqtr: NWN Sec: 35 Twp: 4N Range: 46W Meridian: 6
W

Latitude: 40.277500 Longitude: -102.488230

CORRECTIVE ACTIONS:

1 CA# 194854

Corrective Action: Inspect, maintain and repair tanks to comply with rule 609.b.

Date: 11/23/2023

Corrective action date remains the same to document period of non-compliance.

Response: CA COMPLETED

Date of Completion: 04/24/2024

Operator Comment: Tank was removed 04/24/24

ECMC Decision: _____

ECMC
Representative:

2 CA# 194855

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

Date: 11/23/2023

Corrective action date remains the same to document period of non-compliance.

Response: CA COMPLETED

Date of Completion: 04/24/2024

Operator
Comment:

Tank was removed 04/24/24

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: Pat Dolezal

Signed: _____

Title: Regulatory Specialist

Date: 5/3/2024 11:16:37 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>
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Total Attach: 0 Files