

# State of Colorado Energy & Carbon Management Commission



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Document Number:  
403793465

Date Received:  
05/16/2024

## 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: 698601965  
Inspection Date: 04/11/2024 FIR Submit Date: 04/29/2024 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: 304784

Location Name: BROWN-61N45W Number: 32SENV County: YUMA  
Qtrqtr: SENW Sec: 32 Twp: 1N Range: 45W Meridian: 6  
Latitude: 40.012140 Longitude: -102.428210

### FACILITY - API Number: 05-125- -00 Facility ID: 274970

Facility Name: BROWN Number: 22-32  
Qtrqtr: SENW Sec: 32 Twp: 1N Range: 45W Meridian: 6  
Latitude: 40.012140 Longitude: -102.428210

### CORRECTIVE ACTIONS:

1 CA# 194788  
Corrective Action: Control and contain spills/releases and clean up per Rule 912.a. Date: 05/30/2024  
Response: CA COMPLETED Date of Completion: 04/30/2024  
Operator Comment: Packing was replaced  
ECMC Decision:

ECMC  
Representative:

2 CA# 194789

Corrective Action: Securely fasten all valves, pipes, fittings, and Production Facilities to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 603.c.(12).

Date: 04/12/2024

Response: CA COMPLETED

Date of Completion: 04/30/2024

Operator  
Comment: Packing was replaced

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: 5/16/2024 11:48:56 AM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

<b><u>Document Number</u></b>	<b><u>Description</u></b>

Total Attach: 0 Files