

# State of Colorado Energy & Carbon Management Commission



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Document Number:  
403799151

Date Received:  
05/21/2024

## FIR RESOLUTION FORM

**Overall Status:**

CA Summary:

3 of 3 CAs from the FIR responded to on this Form

3 CA Completed  
0 Factual Review Request

### OPERATOR INFORMATION

ECMC Operator Number: 10797  
Name of Operator: DESERT EAGLE OPERATING LLC  
Address: 17101 PRESTON RD SUITE 105  
City: DALLAS State: TX Zip: 75248

Contact Name and Telephone:  
Name: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_

Additional Operator Contact:

Contact Name	Phone	Email
<u>Bulf, Cathy</u>	<u>719-440-9906</u>	<u>cathybulf@gmail.com</u>
<u>Butler, Brad</u>	<u>972-345-9195</u>	<u>butleroil@yahoo.com</u>
<u>Sanchez, Chris</u>		<u>chris.sanchez@state.co.us</u>
<u>Joe Nemecek</u>	<u>580-421-6921</u>	<u>jnemecek@jsxchange.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 713600973  
Inspection Date: 04/22/2024 FIR Submit Date: 04/23/2024 FIR Status: \_\_\_\_\_

Inspected Operator Information:

Company Name: DESERT EAGLE OPERATING LLC Company Number: 10797  
Address: 17101 PRESTON RD SUITE 105  
City: DALLAS State: TX Zip: 75248

LOCATION - Location ID: 484360

Location Name: Red Rocks Number: 35-11 County: LAS ANIMAS  
Qtrqtr: SENW Sec: 35 Twp: 29S Range: 55W Meridian: 6  
Latitude: 37.475295 Longitude: -103.546960

FACILITY - API Number: 05-071-00 Facility ID: 484675

Facility Name: Red Rocks Number: 35-11  
Qtrqtr: SENW Sec: 35 Twp: 29S Range: 55W Meridian: 6  
Latitude: 37.475295 Longitude: -103.546960

CORRECTIVE ACTIONS:

1 CA# 194630

Corrective Action: Non E&P Waste not properly stored, handled, transported, treated, or disposed per Rule 906. Clean up stained soil and Contact ECMC EPS staff. Date: 04/25/2024

Response: CA COMPLETED Date of Completion: 04/30/2024

Non E&P waste of approximately 3.6 cubic ft of stained soil removed and disposed.

Operator  
Comment:

ECMC Decision:

ECMC  
Representative:

**2** CA# 194631

Corrective Action:

Date:

Response:

Date of Completion:

Operator  
Comment:

ECMC Decision:

ECMC  
Representative:

**3** CA# 194632

Corrective Action:

Date:

Response:

Date of Completion:

Operator  
Comment:

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:

Signed:

Title:

Date:

**ATTACHMENT LIST**

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

**Document Number**      **Description**

403799225	Photo
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Total Attach: 1 Files