

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:
403815992

Date Received:
06/06/2024

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: 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
<u>Krystal Heibel</u>		<u>krystal.heibel@state.co.us</u>
<u>Kilian Collins</u>		<u>kilian.collins@state.co.us</u>
<u>Dolezal, Pat</u>		<u>pat.dolezal@ownresources.com</u>
<u>Kyle Waggoner</u>		<u>kyle.waggoner@state.co.us</u>
<u>Abdul Elnajdi</u>		<u>abdul.elnajdi@state.co.us</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 709100290
Inspection Date: 04/24/2024 FIR Submit Date: 05/07/2024 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: 337789

Location Name: KNODEL-64S42W Number: 17SWNE County: _____
Qtrqtr: SWNE Sec: 17 Twp: 4S Range: 42W Meridian: 6
Latitude: 39.711800 Longitude: -102.090240

FACILITY - API Number: 05-125-00 Facility ID: 337789

Facility Name: KNODEL-64S42W Number: 17SWNE
Qtrqtr: SWNE Sec: 17 Twp: 4S Range: 42W Meridian: 6
Latitude: 39.711800 Longitude: -102.090240

CORRECTIVE ACTIONS:

1 CA# 194941

Corrective Action: Comply with Rule 606 Date: 05/14/2024

Response: CA COMPLETED Date of Completion: 05/10/2024

No growing tumbleweeds were observed by area foreman upon inspection. Any tumbleweeds blown in by wind

Operator Comment: were removed from within fencing.

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: 6/6/2024 11:58:03 AM

ATTACHMENT LIST

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

Document Number **Description**

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

Total Attach: 0 Files