

State of Colorado
Energy & Carbon Management Commission



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Document Number:
403860293

Date Received:
07/21/2024

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: 97120
Name of Operator: WISE* WAYNE L
Address: P O BOX 5116
City: ENGLEWOOD State: CO Zip: 80155
Contact Name and Telephone:
Name:
Phone: () Fax: ()
Email:
Additional Operator Contact:
Contact Name Phone Email
Wise, Wayne 405-826-7013 wwwise36@earthlink.net

ECMC INSPECTION SUMMARY:

FIR Document Number: 701007508
Inspection Date: 10/10/2023 FIR Submit Date: 10/20/2023 FIR Status:
Inspected Operator Information:
Company Name: WISE* WAYNE L Company Number: 97120
Address: P O BOX 5116
City: ENGLEWOOD State: CO Zip: 80155

LOCATION - Location ID: 303377

Location Name: ALICE WELP-61S45W Number: 10SWSW County: YUMA
Qtrqtr: SWS Sec: 10 Twp: 1S Range: 45W Meridian: 6
W
Latitude: 39.978280 Longitude: -102.408310

FACILITY - API Number: 05-125-00 Facility ID: 253011

Facility Name: ALICE WELP Number: 1-10
Qtrqtr: SWS Sec: 10 Twp: 1S Range: 45W Meridian: 6
W
Latitude: 39.978280 Longitude: -102.408310

CORRECTIVE ACTIONS:

1 CA# 185612
Corrective Action: Remove equipment and begin final reclamation process Date: 11/20/2023
Response: CA COMPLETED Date of Completion: 06/10/2024
Operator Comment: I was notified by Duke Gas, June 10, 2024, that all of their metering equipment had been removed from their station site located in the SE corner of 9-1S-45W. The only remaining equipment at that site is the Duke Gas metering facility for the Allison 1-9.
ECMC Decision:

ECMC
Representative:

2 CA# 185613

Corrective Action: Remove equipment and begin final reclamation process

Date: 11/20/2023

Response: CA COMPLETED

Date of Completion: 06/10/2024

Operator Comment: Duke Gas was contacted and they removed their metering facility (separator, meter run, and meter house) from their station site in the southeast corner of section 9-T1S-R45W.

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: Wayne Wise

Signed:

Title: Owner/Manager

Date: 7/21/2024 3:37:38 PM

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>

Total Attach: 0 Files