

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:  
403863213

Date Received:  
07/24/2024

**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: 10665  
Name of Operator: CCRP OPERATING INC  
Address: 12136 W BAYAUD AVE STE 320  
City: LAKEWOOD State: CO Zip: 80228

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

Additional Operator Contact:

Contact Name	Phone	Email
<u>Martin, Jesse</u>	<u>720-543-0817</u>	<u>martin@rockiesresourcesllc.com</u>

**ECMC INSPECTION SUMMARY:**

FIR Document Number: 682403162  
Inspection Date: 01/03/2018 FIR Submit Date: 01/05/2018 FIR Status: \_\_\_\_\_

**Inspected Operator Information:**

Company Name: GADECO LLC Company Number: 10673  
Address: 3600 SOUTH YOSEMITE STREET SUITE 900  
City: DENVER State: CO Zip: 80237

**LOCATION** - Location ID: 441995

Location Name: Gryenberg Stateline Federal Number: 24-12-65-4 County: \_\_\_\_\_  
Pad  
Qtrqr: NWN Sec: 24 Twp: 12N Range: 65W Meridian: 6  
W  
Latitude: 40.999203 Longitude: -104.615686

**FACILITY** - API Number: 05-123- -00 Facility ID: 441995

Facility Name: Gryenberg Stateline Federal Number: 24-12-65-4  
Pad  
Qtrqr: NWN Sec: 24 Twp: 12N Range: 65W Meridian: 6  
W  
Latitude: 40.999203 Longitude: -104.615686

**CORRECTIVE ACTIONS:**

**1** CA# 113760

Corrective Action: Install or repair required BMPs in accordance with good engineering practices per Rule 1002.f.(2). Corrective actions from the previous inspection were not resolved; therefore, the corrective action date on this inspection remains the same from the previous inspection.

Date: 10/12/2017

Response: CA COMPLETED Date of Completion: 03/21/2021

NOAV (Doc. 401655540) has been closed pursuant to Order 1V-690.

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: Aubrey Noonan

Signed:

Title: Sr Regulatory Analyst

Date: 7/24/2024 2:43:46 PM

### ATTACHMENT LIST

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

**Document Number**      **Description**

403863213	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files