

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:
403933853

Date Received:
09/26/2024

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>Kyle Waggoner</u>		<u>kyle.waggoner@state.co.us</u>
<u>Dolezal, Pat</u>		<u>pat.dolezal@ownresources.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 709100406
Inspection Date: 09/10/2024 FIR Submit Date: 09/17/2024 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: 304317

Location Name: STALLINGS-61N47W Number: 12NWNE County: _____
Qtrqtr: NWNE Sec: 12 Twp: 1N Range: 47W Meridian: 6
Latitude: 40.073670 Longitude: -102.575050

FACILITY - API Number: 05-125-00 Facility ID: 304317

Facility Name: STALLINGS-61N47W Number: 12NWNE
Qtrqtr: NWNE Sec: 12 Twp: 1N Range: 47W Meridian: 6
Latitude: 40.073670 Longitude: -102.575050

CORRECTIVE ACTIONS:

1 CA# 198817

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 608.e.

Date: 10/17/2024

Response: CA COMPLETED Date of Completion: 09/24/2024

Area foreman inspected location and found that all valves, pipes, fittings and production facilities with no issues found. This location is inspected on regular intervals and is in good mechanical condition.

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: Pat Dolezal Signed: _____

Title: Regulatory Specialist Date: 9/26/2024 7:32:43 AM

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>
403933853	FIR RESOLUTION SUBMITTED
403935118	Location photo

Total Attach: 2 Files