

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:
403978141

Date Received:
10/31/2024

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: 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>Dolezal, Pat</u>	<u>970-332-3585</u>	<u>pat.dolezal@ownresources.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 698602396
Inspection Date: 09/24/2024 FIR Submit Date: 10/01/2024 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: 303094

Location Name: STATE-65N47W Number: 36NESW County: YUMA
Qtrqtr: NESW Sec: 36 Twp: 5N Range: 47W Meridian: 6
Latitude: 40.357070 Longitude: -102.561560

FACILITY - API Number: 05-125- -00 Facility ID: 252449

Facility Name: STATE Number: 13-36
Qtrqtr: NESW Sec: 36 Twp: 5N Range: 47W Meridian: 6
Latitude: 40.357070 Longitude: -102.561560

CORRECTIVE ACTIONS:

1 CA# 199215

Corrective Action: Control and contain spills/releases and clean up per Rule 912.a. Date: 09/25/2024

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

Operator Comment: Packing was changed,

ECMC Decision: _____

ECMC
Representative:

2 CA# 199216

Corrective Action: Operators will promptly investigate, and if appropriate, repair, replace, or remediate any malfunctioning equipment or process. Comply with Rule 609.a.

Date: 09/25/2024

Response: CA COMPLETED

Date of Completion: 09/24/2024

Operator
Comment:

Packing was changed

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: 10/31/2024 2:09:16 PM

ATTACHMENT LIST

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

Document Number **Description**

403978141	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files