

State of Colorado Energy & Carbon Management Commission



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Document Number:
403999551

Date Received:
11/19/2024

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: <u>10699</u>	Contact Name and Telephone:
Name of Operator: <u>OWN RESOURCES OPERATING LLC</u>	Name: _____
Address: <u>305 S RIDGE STREET #6279</u>	Phone: () _____ Fax: () _____
City: <u>BRECKENRIDGE</u> State: <u>CO</u> Zip: <u>80424</u>	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: 698602623

Inspection Date: 11/01/2024 FIR Submit Date: 11/18/2024 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: 304648

Location Name: BROPHY, JOE-64N47W Number: 14SWSE County: YUMA

Qtrqtr: SWSE Sec: 14 Twp: 4N Range: 47W Meridian: 6

Latitude: 40.309000 Longitude: -102.592490

FACILITY - API Number: 05-125-00 Facility ID: 269739

Facility Name: BROPHY, JOE Number: 10-14

Qtrqtr: SWSE Sec: 14 Twp: 4N Range: 47W Meridian: 6

Latitude: 40.309000 Longitude: -102.592490

CORRECTIVE ACTIONS:

1	CA# <u>200454</u>
Corrective Action:	<u>Control and contain spills/releases and clean up per Rule 912.a.</u> Date: <u>12/19/2024</u>
Response:	<u>CA COMPLETED</u> Date of Completion: <u>11/02/2024</u>
Operator Comment:	<u>Valve was replaced</u>
ECMC Decision:	_____

ECMC
Representative:

2 CA# 200455

Corrective Action: Inspect and service the wellhead, tree, and related surface control equipment to comply with Rule 603.c.(14).

Date: 12/04/2024

Response: CA COMPLETED

Date of Completion: 11/02/2024

Operator
Comment:

Valve was replaced

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: 11/19/2024 1:10:40 PM

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