

# State of Colorado Energy & Carbon Management Commission



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Document Number:  
403999568

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: 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: 698602624  
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: 303899

Location Name: JOE BROPHY-64N47W Number: 14SESE County: YUMA  
Qtrqtr: SESE Sec: 14 Twp: 4N Range: 47W Meridian: 6  
Latitude: 40.308970 Longitude: -102.587290

FACILITY - API Number: 05-125-00 Facility ID: 253767

Facility Name: JOE BROPHY Number: 8-14  
Qtrqtr: SESE Sec: 14 Twp: 4N Range: 47W Meridian: 6  
Latitude: 40.308970 Longitude: -102.587290

CORRECTIVE ACTIONS:

**1** CA# 200456

Corrective Action: Inspect and service the wellhead, tree, and related surface control equipment to comply with Rule 603.c.(14). Date: 11/02/2024

Response: CA COMPLETED Date of Completion: 11/01/2024

Operator Comment: Replacecd packing

ECMC Decision: \_\_\_\_\_

ECMC  
Representative:

2 CA# 200457

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

Date: 11/02/2024

Response: CA COMPLETED

Date of Completion: 11/01/2024

Operator  
Comment:

Replacedpacking

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 1:13:07 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

<b><u>Document Number</u></b>	<b><u>Description</u></b>

Total Attach: 0 Files