

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:
404025552

Date Received:
12/12/2024

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
Dolezal, Pat 970-332-3585 pat.dolezal@ownresources.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 698602698
Inspection Date: 12/04/2024 FIR Submit Date: 12/09/2024 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: 337238

Location Name: JOSH-64N46W Number: 4NENW County: YUMA
Qtrqtr: NENW Sec: 4 Twp: 4N Range: 46W Meridian: 6
Latitude: 40.349753 Longitude: -102.521037

FACILITY - API Number: 05-125-00 Facility ID: 284351

Facility Name: JOSH Number: 21-4 4N46W
Qtrqtr: NENW Sec: 4 Twp: 4N Range: 46W Meridian: 6
Latitude: 40.349753 Longitude: -102.521037

CORRECTIVE ACTIONS:

1 CA# 200896
Corrective Action: Control and contain spills/releases and clean up per Rule 912.a. Date: 12/05/2024
Response: CA COMPLETED Date of Completion: 12/06/2024
Operator Comment: Gauge was replaced with plug
ECMC Decision: _____

ECMC
Representative:

2 CA# 200897

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

Date: 12/05/2024

Response: CA COMPLETED

Date of Completion: 12/07/2024

Operator
Comment: Gauge was replaced with plug

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: 12/12/2024 9:17:01 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>

Total Attach: 0 Files