

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:
404057020

Date Received:
01/14/2025

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: 10227
Name of Operator: CHOLLA PETROLEUM INC
Address: 12404 PARK CENTRAL DR STE 380S
City: DALLAS State: TX Zip: 75251

Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Tom Obenchain</u>	<u>214-455-4614</u>	<u>tao@chollapetro.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 679900585
Inspection Date: 10/23/2015 FIR Submit Date: 10/23/2015 FIR Status: SATISFACTORY

Inspected Operator Information:

Company Name: CHOLLA PETROLEUM INC Company Number: 10227
Address: 6688 N CENTRAL EXPRESSWAY 1610
City: DALLAS State: TX Zip: 75206

LOCATION - Location ID: 314220

Location Name: DUKE-621S46W Number: 18SWSW County: PROWERS
Qtrqtr: SWS Sec: 18 Twp: 21S Range: 46W Meridian: 6
W
Latitude: 38.218450 Longitude: -102.629970

FACILITY - API Number: 05-099-00 Facility ID: 285481

Facility Name: DUKE Number: 1-18
Qtrqtr: SWS Sec: 18 Twp: 21S Range: 46W Meridian: 6
W
Latitude: 38.218450 Longitude: -102.629970

CORRECTIVE ACTIONS:

1 CA# 13207

Corrective Action: Install sign to comply with rule 210. Date: 11/23/2015

Response: CA COMPLETED Date of Completion: 03/20/2024

Operator Comment: Operator has addressed issue in order to comply with Rule 210.

ECMC Decision: _____

ECMC
Representative:

2 CA# 26775

Corrective Action: Install sign to comply with rule 210.

Date: 11/23/2015

Response: CA COMPLETED

Date of Completion: 03/20/2024

Operator
Comment: Operator has addressed issue in order to comply with Rule 210.

ECMC Decision: _____

ECMC
Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: CA's have been resolved.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Aubrey Noonan

Signed: _____

Title: Sr. Regulatory Analyst

Date: 1/14/2025 11:14:38 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>
404057020	FIR RESOLUTION SUBMITTED
404057028	Inspection Resolution

Total Attach: 2 Files