

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:  
404063017

Date Received:  
01/20/2025

**FIR RESOLUTION FORM**

**Overall Status:**

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed  
0 Factual Review Request

**OPERATOR INFORMATION**

ECMC Operator Number: 95620  
Name of Operator: WESTERN OPERATING COMPANY  
Address: 1165 DELAWARE STREET #200  
City: DENVER State: CO Zip: 80204

Contact Name and Telephone:  
Name: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_

Additional Operator Contact:

Contact Name	Phone	Email
<u>Reid, Marta</u>		<u>marta@westernoperating.com</u>
<u>James, Steven</u>	<u>(303) 893-2438</u>	<u>steve@westernoperating.com</u>

**ECMC INSPECTION SUMMARY:**

FIR Document Number: 700900348  
Inspection Date: 11/06/2020 FIR Submit Date: 11/19/2020 FIR Status: \_\_\_\_\_

**Inspected Operator Information:**

Company Name: WESTERN OPERATING COMPANY Company Number: 95620  
Address: 1165 DELAWARE STREET #200  
City: DENVER State: CO Zip: 80204

**LOCATION** - Location ID: 320451

Location Name: LINNEBUR-63S60W Number: 6NWSE County: ADAMS  
Qtrqtr: NWSE Sec: 6 Twp: 3S Range: 60W Meridian: 6  
Latitude: 39.817860 Longitude: -104.139420

**FACILITY** - API Number: 05-001-00 Facility ID: 203795

Facility Name: LINNEBUR Number: 6-33  
Qtrqtr: NWSE Sec: 6 Twp: 3S Range: 60W Meridian: 6  
Latitude: 39.817860 Longitude: -104.139420

**CORRECTIVE ACTIONS:**

**1** CA# 144480

Corrective Action: Control and contain spills/releases and clean up per Rule 906.a. Contact COGCC EPS staff. Immediately to stop and clean up 24 hours to remove free fluids. Corrective Action Date 12/18/2020 to remove stained soil See attached photo #2 Date: 12/18/2020

Response: CA COMPLETED Date of Completion: 12/18/2020

Operator Comment: Stained soils around wellhead have been picked up and properly disposed of.

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: Amber Barnett

Signed: \_\_\_\_\_

Title: Compliance Specialist

Date: 1/20/2025 11:05:42 AM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

404063017	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files