

# State of Colorado Energy & Carbon Management Commission



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Document Number:  
404063260

Date Received:  
01/20/2025

## FIR RESOLUTION FORM

**Overall Status:**

CA Summary:  
 3 of 3 CAs from the FIR responded to on this Form  
 3 CA Completed  
 0 Factual Review Request

### OPERATOR INFORMATION

ECMC Operator Number: <u>95620</u>	Contact Name and Telephone:
Name of Operator: <u>WESTERN OPERATING COMPANY</u>	Name: _____
Address: <u>1165 DELAWARE STREET #200</u>	Phone: ( ) _____ Fax: ( ) _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80204</u>	Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Reid, Marta</u>		<u>marta@westernoperating.com</u>
<u>JAMES STEVEN D</u>		<u>steve@westernoperating.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 690202489  
 Inspection Date: 01/12/2022 FIR Submit Date: 01/14/2022 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: 324789

Location Name: WEAR-619S45W Number: 5NWSE County: KIOWA  
 Qtrqtr: NWSE Sec: 5 Twp: 19S Range: 45W Meridian: 6  
 Latitude: 38.431310 Longitude: -102.480170

FACILITY - API Number: 05-061-00 Facility ID: 212608

Facility Name: WEAR Number: 1  
 Qtrqtr: NWSE Sec: 5 Twp: 19S Range: 45W Meridian: 6  
 Latitude: 38.431310 Longitude: -102.480170

CORRECTIVE ACTIONS:

**1** CA# 159220

Corrective Action: Repair or install berms or other secondary containment devices per Rule 912.d.(1). Date: 02/04/2022

Response: CA COMPLETED Date of Completion: 02/04/2022

Operator Comment: Inspection 690202842 "The berm around the tank battery was repaired"

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

ECMC  
Representative:

**2** CA# 159221

Corrective Action:

Date: 01/21/2022

Response: CA COMPLETED

Date of Completion: 01/21/2022

Operator  
Comment:

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

ECMC  
Representative:

**3** CA# 159222

Corrective Action:

Date: 01/21/2022

Response: CA COMPLETED

Date of Completion: 01/21/2022

Operator  
Comment:

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 1:31:36 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