

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:
404063730

Date Received:
01/20/2025

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: 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>719-688-1638</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: 713601029
Inspection Date: 05/08/2024 FIR Submit Date: 05/16/2024 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: 324809

Location Name: BUTLER USA-619S45W Number: 10SWNE County: KIOWA
Qtrqtr: SWNE Sec: 10 Twp: 19S Range: 45W Meridian: 6
Latitude: 38.421440 Longitude: -102.444060

FACILITY - API Number: 05-061-00 Facility ID: 212814

Facility Name: BUTLER USA Number: 1-X
Qtrqtr: SWNE Sec: 10 Twp: 19S Range: 45W Meridian: 6
Latitude: 38.421440 Longitude: -102.444060

CORRECTIVE ACTIONS:

1 CA# 195212

Corrective Action: Comply with Rule 606. Date: _____

Response: CA COMPLETED Date of Completion: 06/01/2024

Operator Comment: Inspection 713601502 " The two unused tanks and parts have been removed."

ECMC Decision: _____

ECMC
Representative:

2 CA# 195213

Corrective Action: Comply with 902.b. and install wildlife protection.

Date: 05/23/2024

Response: CA COMPLETED

Date of Completion: 05/23/2024

Operator
Comment: Inspection 713601502 " Hatch has been replaced at backside of the tank."

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 4:23:58 PM

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>
404063730	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files