

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:
404084370

Date Received:
02/06/2025

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
Reid, Marta		marta@westernoperating.com
JAMES STEVEN D		steve@westernoperating.com
Kosola, Jason		jason.kosola@state.co.us

ECMC INSPECTION SUMMARY:

FIR Document Number: 690202225
Inspection Date: 10/27/2021 FIR Submit Date: 10/28/2021 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: 324791

Location Name: DAWSON-619S45W Number: 4NESE County: KIOWA
Qtrqtr: NESE Sec: 4 Twp: 19S Range: 45W Meridian: 6
Latitude: 38.431360 Longitude: -102.457500

FACILITY - API Number: 05-061-00

Facility ID: 212635

Facility Name: DAWSON Number: 1
Qtrqtr: NESE Sec: 4 Twp: 19S Range: 45W Meridian: 6
Latitude: 38.431360 Longitude: -102.457500

CORRECTIVE ACTIONS:

1 CA# 157249

Corrective Action: Repair or install berms or other secondary containment devices per Rule 912.d.(1). Date: 11/26/2021

Response: CA COMPLETED Date of Completion: 11/26/2021

Operator Comment: Berms around tank battery have been repaired.

ECMC Decision: _____

ECMC Representative:

2 CA# 157250

Corrective Action: Contact environmental staff regarding appropriate closure documentation regarding E&P waste, confirmation sampling, and Form 27.

Date: 11/10/2021

Response: CA COMPLETED

Date of Completion: 11/10/2021

Operator Comment:

Form 27I (Document #402867158) was submitted on 11/10/2021

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: 2/6/2025 11:22:16 AM

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