

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:
404092595

Date Received:
02/13/2025

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: 10699

Name of Operator: OWN RESOURCES OPERATING LLC

Address: 305 S RIDGE STREET #6279

City: BRECKENRIDGE State: CO Zip: 80424

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Dolezal, Pat

970-332-3585

pat.dolezal@ownresources.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 698603122

Inspection Date: 01/23/2025

FIR Submit Date: 01/27/2025

FIR Status: _____

Inspected Operator Information:

Company Name: OWN RESOURCES OPERATING LLC

Company Number: 10699

Address: 305 S RIDGE STREET #6279

City: BRECKENRIDGE State: CO Zip: 80424

LOCATION - Location ID: 303802

Location Name: WHITE STAR FARMS-64N47W Number: 23SENW County: YUMA

Qtrqtr: SENW Sec: 23 Twp: 4N Range: 47W Meridian: 6

Latitude: 40.302620 Longitude: -102.598030

FACILITY - API Number: 05-125-00 Facility ID: 253619

Facility Name: WHITE STAR FARMS Number: 4-23

Qtrqtr: SENW Sec: 23 Twp: 4N Range: 47W Meridian: 6

Latitude: 40.302620 Longitude: -102.598030

CORRECTIVE ACTIONS:

1 CA# 202021

Corrective Action: Report spill or release of E&P waste or produced fluids Remove free fluids and contact COGCC EPS staff per Rule 912.b.

Date: 01/25/2025

Notified Field Foreman 1/24/25.

Response: CA COMPLETED

Date of Completion: 01/24/2025

Operator Comment: Realigned pumping unit, replaced packing

ECMC Decision: _____

ECMC
Representative:

2 CA# 202022

Corrective Action: Inspect and service the wellhead, tree, and related surface control equipment to comply with Rule 603.c.(14).

Date: 01/25/2025

Response: CA COMPLETED

Date of Completion: 01/24/2025

Operator
Comment: Realigned packing unit, replaced packing

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: Pat Dolezal

Signed: _____

Title: Regulatory Specialist

Date: 2/13/2025 11:38:27 AM

ATTACHMENT LIST

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

Document Number **Description**

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Total Attach: 0 Files