

State of Colorado
Energy & Carbon Management Commission



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Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:
404150129

Date Received:
04/02/2025

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
<u>Pat Dolezal</u>	<u>9703323585</u>	<u>pat.dolezal@ownresources.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 701001441
Inspection Date: 09/30/2020 FIR Submit Date: 10/03/2020 FIR Status: _____

Inspected Operator Information:

Company Name: CWC PETRO LLC Company Number: 10730
Address: 6957 #A ISABELL LN
City: ARVADA State: CO Zip: 80007

LOCATION - Location ID: 311042

Location Name: Pyramid Number: 13-1 County: YUMA
Qtrqr: NENE Sec: 13 Twp: 2S Range: 47W Meridian: 6
Latitude: 39.887000 Longitude: -102.580040

FACILITY - API Number: 05-125-00 Facility ID: 298246

Facility Name: Pyramid Number: 13-1
Qtrqr: NENE Sec: 13 Twp: 2S Range: 47W Meridian: 6
Latitude: 39.887000 Longitude: -102.580040

CORRECTIVE ACTIONS:

1 CA# 142509

Corrective Action: Update to current operator Date: 10/30/2020

Response: CA COMPLETED Date of Completion: 01/03/2025

Operator Comment: Lease sign updated to current operator Own Resources Operating LLC 10699

ECMC Decision: _____

ECMC
Representative:

2 CA# 142510

Corrective Action: Last reported production was Aug 2019. Submit production reports for the last year

Date: 10/30/2020

Response: CA COMPLETED

Date of Completion: 01/03/2025

Operator Comment: Production reporting for Sept 2019-Sept 2020 was submitted by previous operator

ECMC Decision:

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Well is associated with Form 9 Doc#404068573 approved 04/01/2025

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: 4/2/2025 10:29:43 AM

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>
404150129	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files