

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:

404160382

Date Received:

04/10/2025

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: 10841

Name of Operator: AMERICAN HELIUM LLC

Address: 23501 CINCO RANCH BLVD, B244

City: KATY State: TX Zip: 77494

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Browning, Chuck</u>	<u>970-433-4139</u>	<u>chuck.browning@state.co.us</u>
<u>Labowskie, Steve</u>		<u>steve.labowskie@state.co.us</u>
<u>Hartman, Laura</u>		<u>lhartman@blm.gov</u>
<u>Lapham, Ken</u>	<u>979-877-4951</u>	<u>klapham@americanhelium.us</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 693807823

Inspection Date: 10/10/2024

FIR Submit Date: 10/15/2024

FIR Status: _____

Inspected Operator Information:

Company Name: AMERICAN HELIUM OPERATING LLC

Company Number: 10841

Address: 600 TRAVIS STREET SUITE 5050

City: HOUSTON State: TX Zip: 77002

LOCATION - Location ID: 333226

Location Name: ANDY'S MESA FED Number: 76 County: SAN MIGUEL

Qtrqtr: NESE Sec: 20 Twp: 44N Range: 16W Meridian: N

Latitude: 38.055610 Longitude: -108.651350

FACILITY - API Number: 05-113-00 Facility ID: 294921

Facility Name: ANDY'S MESA FEDERAL Number: 76

Qtrqtr: NESE Sec: 20 Twp: 44N Range: 16W Meridian: N

Latitude: 38.055610 Longitude: -108.651350

CORRECTIVE ACTIONS:

1 CA# 199679

Corrective Action: Install sign to comply with Rule 605.h.

Date: 11/15/2024

Response: CA COMPLETED

Date of Completion: 04/10/2025

Signage updated

Operator Comment:			
ECMC Decision: _____			
ECMC Representative:			

2	CA# 199680		
Corrective Action: Submit Form 17 as directed by Rule 419.c		Date: 11/15/2024	
Response: CA COMPLETED		Date of Completion: 04/06/2025	
Operator Comment:	Complete		
ECMC Decision: _____			
ECMC Representative:			

<u>OPERATOR COMMENT AND SUBMITTAL</u>	
Comment:	signage and bradenhead test complete
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.	
Print Name: Trish Harrison	Signed: _____
Title: Consultant	Date: 4/10/2025 10:51:13 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>
404160382	FIR RESOLUTION SUBMITTED
404160386	Photo
404160387	Photo
404160389	Photo
404160390	Form 17

Total Attach: 5 Files