

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:  
404165422

Date Received:  
04/15/2025

**FIR RESOLUTION FORM**

**Overall Status:**

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 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>Lapham, Ken</u>      | <u>979-877-4951</u> | <u>klapham@americanhelium.us</u>   |
| <u>Hartman, Laura</u>   |                     | <u>lhartman@blm.gov</u>            |
| <u>Labowskie, Steve</u> |                     | <u>steve.labowskie@state.co.us</u> |

ECMC INSPECTION SUMMARY:

FIR Document Number: 693807796  
Inspection Date: 10/10/2024 FIR Submit Date: 10/14/2024 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: 316810

Location Name: COCKLEBUR DRAW UNIT-N43N15W Number: 27NWNW County: SAN MIGUEL

Qtrqtr: NWN Sec: 27 Twp: 43N Range: 15W Meridian: N  
W

Latitude: 37.962560 Longitude: -108.516110

FACILITY - API Number: 05-113-00 Facility ID: 232871

Facility Name: COCKLEBUR DRAW UNIT Number: 3

Qtrqtr: NWN Sec: 27 Twp: 43N Range: 15W Meridian: N  
W

Latitude: 37.962560 Longitude: -108.516110

CORRECTIVE ACTIONS:

**1** CA# 199663

Corrective Action: Submit Form 17 as directed by Rule 419.c

Date: 11/14/2024

Response: CA COMPLETED

Date of Completion: 04/08/2025

Operator Comment: Form 17 submitted

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: Trish Harrison

Signed: \_\_\_\_\_

Title: Consultant

Date: 4/15/2025 11:57:16 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>       |
|------------------------|--------------------------|
| 404165422              | FIR RESOLUTION SUBMITTED |
| 404165427              | Form 17 submittal        |

Total Attach: 2 Files