

State of Colorado
Energy & Carbon Management Commission



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Document Number:
404211001

Date Received:
05/20/2025

FIR RESOLUTION FORM

Overall Status:

CA Summary:

3 of 3 CAs from the FIR responded to on this Form

3 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: 698603323
Inspection Date: 03/13/2025 FIR Submit Date: 03/20/2025 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: 303709

Location Name: KINNISON-64N46W Number: 31NENW County: YUMA
Qtrqtr: NENW Sec: 31 Twp: 4N Range: 46W Meridian: 6
Latitude: 40.276510 Longitude: -102.559800

FACILITY - API Number: 05-125-00 Facility ID: 253509

Facility Name: KINNISON Number: 2-31
Qtrqtr: NENW Sec: 31 Twp: 4N Range: 46W Meridian: 6
Latitude: 40.276510 Longitude: -102.559800

CORRECTIVE ACTIONS:

1 CA# 203507

Corrective Action: Control and contain spills/releases and clean up per Rule 912.a. Date: 04/20/2025
Immediately to stop and clean up 24 hours to remove free fluids. 30-days to remove stained soil.

Response: CA COMPLETED Date of Completion: 03/26/2025

Operator Comment: Replaced hammer union and pipe nipple

ECMC Decision: _____

ECMC Representative: _____

2 CA# 203508

Corrective Action: Securely fasten all valves, pipes, fittings, and Production Facilities to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 603.c.(12).
15 days. If leak is found Immediate call to operator 24 hours to fix the leak or isolate leak.

Date: 04/05/2025

Response: CA COMPLETED Date of Completion: 03/26/2025

Operator Comment: Replaced hammer union and pipe nipple

ECMC Decision: _____

ECMC Representative: _____

3 CA# 203509

Corrective Action: Calibrate gas metering equipment annually to comply with rule 430.d.(1).

Date: 04/20/2025

Response: CA COMPLETED Date of Completion: 04/03/2025

Operator Comment: Meter has been calibrated

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: 5/20/2025 1:33:04 PM

ATTACHMENT LIST

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

Document Number **Description**

| Document Number | Description |
|-----------------|-------------|
| | |

Total Attach: 0 Files