

State of Colorado Energy & Carbon Management Commission

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Document Number:
404211059

Date Received:
05/20/2025

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>Dolezal, Pat</u>	<u>970-332-3585</u>	<u>pat.dolezal@ownresources.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 698602649
Inspection Date: 11/25/2024 FIR Submit Date: 12/03/2024 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: 303215

Location Name: ECKLEY FEDERAL-63N46W Number: 1NENE County: YUMA
Qtrqtr: NENE Sec: 1 Twp: 3N Range: 46W Meridian: 6
Latitude: 40.262090 Longitude: -102.457030

FACILITY - API Number: 05-125-00 Facility ID: 252692

Facility Name: ECKLEY FEDERAL Number: 1-1
Qtrqtr: NENE Sec: 1 Twp: 3N Range: 46W Meridian: 6
Latitude: 40.262090 Longitude: -102.457030

CORRECTIVE ACTIONS:

1 CA# 200791

Corrective Action: Calibrate gas metering equipment annually to comply with rule 430.d.(1). Date: 01/03/2025

Response: CA COMPLETED Date of Completion: 09/27/2024

Operator Comment: Meter was calibrated prior to inspection, correct date was not written on log

ECMC Decision: _____

ECMC
Representative:

2 CA# 200792

Corrective Action: Install or repair required BMPs per Rule 1002.f.(2)C

Date: 12/06/2024

Response: CA COMPLETED

Date of Completion: 04/01/2025

Operator Comment: Gravel was hauled onto well location and spread out to repair erosion. Winter weather slowed repair process. Operator has photos, but unable to attach

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 1:59:44 PM

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>
404211059	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files