

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:  
404211323

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: 698603322  
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: 337448

Location Name: JOE BROPHY-64N46W Number: 31NWNW County: YUMA  
Qtrqtr: NWN Sec: 31 Twp: 4N Range: 46W Meridian: 6  
W  
Latitude: 40.276388 Longitude: -102.562583

FACILITY - API Number: 05-125- -00 Facility ID: 285870

Facility Name: JOE BROPHY Number: 11-31  
4N46W  
Qtrqtr: NWN Sec: 31 Twp: 4N Range: 46W Meridian: 6  
W  
Latitude: 40.276388 Longitude: -102.562583

**CORRECTIVE ACTIONS:**

**1** CA# 203504

Corrective Action: Calibrate gas metering equipment annually to comply with rule 430.d.(1). Date: 04/20/2025

Response: CA COMPLETED Date of Completion: 04/08/2025

Operator Comment: Meter has been calibrated

ECMC Decision: \_\_\_\_\_

ECMC  
Representative:

**2** CA# 203505

Corrective Action:

Date: 04/20/2025

Response: CA COMPLETED

Date of Completion: 04/07/2025

Operator  
Comment:

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 3:33:19 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

|           |                          |
|-----------|--------------------------|
| 404211323 | FIR RESOLUTION SUBMITTED |
|-----------|--------------------------|

Total Attach: 1 Files