

State of Colorado Energy & Carbon Management Commission



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Document Number:
404214169

Date Received:
05/22/2025

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 4 CAs from the FIR responded to on this Form

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC Operator Number: 10663
Name of Operator: ENDURING RESOURCES LLC
Address: 6300 S SYRACUSE WAY, SUITE 525
City: CENTENNIAL State: CO Zip: 80111

Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Huntington, Heather</u>		<u>hhuntington@enduringresources.com</u>
<u>Walter, Klye</u>		<u>kwalter@enduringresources.com</u>
<u>Kosola, Jason</u>		<u>jason.kosola@state.co.us</u>
<u>Labowskie, Steve</u>		<u>steve.labowskie@state.co.us</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 719000019
Inspection Date: 04/10/2025 FIR Submit Date: 04/16/2025 FIR Status: _____

Inspected Operator Information:

Company Name: ENDURING RESOURCES LLC Company Number: 10663
Address: 6300 S SYRACUSE WAY, SUITE 525
City: CENTENNIAL State: CO Zip: 80111

LOCATION - Location ID: 326281

Location Name: BURNETT-N34N9W Number: 2NESE County: LA PLATA
Qtrqr: NESE Sec: 2 Twp: 34N Range: 9W Meridian: N
Latitude: 37.234386 Longitude: -107.818687

FACILITY - API Number: 05-067-00 Facility ID: 216163

Facility Name: BURNETT Number: 2-1
Qtrqr: NESE Sec: 2 Twp: 34N Range: 9W Meridian: N
Latitude: 37.234386 Longitude: -107.818687

CORRECTIVE ACTIONS:

1 CA# 204184

Corrective Action: File Form 27 and follow up with SW EPS Jason Kosola about required sampling Date: 06/10/2025

Response: CA COMPLETED Date of Completion: 05/20/2025

FORM 27 FILED 5/20/25 FORM 404192142

Operator
Comment:

ECMC Decision:

ECMC
Representative:

3 CA# 204186

Corrective Action: Submit Form 27 and follow up with SW EPS Jason Kosola about sampling requirements

Date: 07/10/2025

Response: CA COMPLETED

Date of Completion: 05/20/2025

Operator
Comment: FORM 27 FILED 5/20/25 FORM 404192142

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: Heather Huntington

Signed: _____

Title: Regulatory Specialist

Date: 5/22/2025 11:42:53 AM

ATTACHMENT LIST

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

Document Number	Description

Total Attach: 0 Files