

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:
404214693

Date Received:
05/22/2025

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: 698603299
Inspection Date: 03/06/2025 FIR Submit Date: 03/19/2025 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: 303731

Location Name: MEKELBURG-64N46W Number: 30NESW County: YUMA
Qtrqtr: NESW Sec: 30 Twp: 4N Range: 46W Meridian: 6
Latitude: 40.283750 Longitude: -102.559920

FACILITY - API Number: 05-125- -00 Facility ID: 253531

Facility Name: MEKELBURG Number: 5-30
Qtrqtr: NESW Sec: 30 Twp: 4N Range: 46W Meridian: 6
Latitude: 40.283750 Longitude: -102.559920

CORRECTIVE ACTIONS:

1 CA# 203466

Corrective Action: Calibrate gas metering equipment annually to comply with rule 430.d.(1). Date: 04/19/2025

Response: CA COMPLETED Date of Completion: 04/07/2025

Operator Comment: Meter has been calibrated

ECMC Decision: _____

ECMC
Representative:

2 CA# 203467

Corrective Action: Install sign to comply with Rule 605.d.

Date: 04/19/2025

Response: CA COMPLETED

Date of Completion: 04/08/2025

Operator Comment: Operator Information has been updated. Operator has photo documentation of work performed but unable to attach and describe

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 Specailist

Date: 5/22/2025 2:13:12 PM

ATTACHMENT LIST

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

Document Number **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files