

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:
404214760

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: 698603000
Inspection Date: 01/10/2025 FIR Submit Date: 01/17/2025 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: 304213

Location Name: JOSH-64N46W Number: 8NENW County: YUMA
Qtrqr: NENW Sec: 8 Twp: 4N Range: 46W Meridian: 6
Latitude: 40.334310 Longitude: -102.539900

FACILITY - API Number: 05-125- -00 Facility ID: 254204

Facility Name: JOSH Number: 17-8
Qtrqr: NENW Sec: 8 Twp: 4N Range: 46W Meridian: 6
Latitude: 40.334310 Longitude: -102.539900

CORRECTIVE ACTIONS:

1 CA# 201857

Corrective Action: Install sign to comply with Rule 605.h. Date: 02/19/2025

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

Operator Comment: Sign was relaced at produced water tank. Operator has photo documentation but unable to attach and describe

ECMC Decision: _____

ECMC
Representative:

2 CA# 201858

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

Date: 02/19/2025

Response: CA COMPLETED

Date of Completion: 04/08/2025

Operator
Comment:

Decals were replaced on meter shed sign. Operator has photo documentation 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 Specialist

Date: 5/22/2025 2:23:43 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>
404214760	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files