

State of Colorado Energy & Carbon Management Commission



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Document Number:
404214793

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: 698603316
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: 303356

Location Name: MURRAIN, M-64N46W Number: 30SWNE County: YUMA
Qtrqtr: SWNE Sec: 30 Twp: 4N Range: 46W Meridian: 6
Latitude: 40.288560 Longitude: -102.553400

FACILITY - API Number: 05-125- -00 Facility ID: 252961

Facility Name: MURRAIN, M Number: 3-30
Qtrqtr: SWNE Sec: 30 Twp: 4N Range: 46W Meridian: 6
Latitude: 40.288560 Longitude: -102.553400

CORRECTIVE ACTIONS:

1 CA# 203477

Corrective Action: Appropriately label tanks and correct sign. Install sign to comply with Rule 605.h. Date: 05/20/2025

Response: CA COMPLETED Date of Completion: 04/09/2025

Operator Comment: Produced water tank signage was updated to reflect 2 x 30 bbl tanks. Operator has photo documentation of work performed

ECMC Decision: _____

ECMC
Representative:

2 CA# 203478

Corrective Action: Comply with Rule 609.a.

Date: 04/05/2025

Response: CA COMPLETED

Date of Completion: 04/09/2025

Operator
Comment: Latch on separator shed door has been replaced. Operator has photo documentation of work performed

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 2:33:12 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