

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:
404214847

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: 698602688
Inspection Date: 12/04/2024 FIR Submit Date: 12/06/2024 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: 303396

Location Name: YUMA COUNTY OIL COMPANY-64N46W Number: 10NESW County: YUMA
Qtrqr: NESW Sec: 10 Twp: 4N Range: 46W Meridian: 6
Latitude: 40.327450 Longitude: -102.501950

FACILITY - API Number: 05-125-00 Facility ID: 253056

Facility Name: YUMA COUNTY OIL COMPANY Number: 4-10
Qtrqr: NESW Sec: 10 Twp: 4N Range: 46W Meridian: 6
Latitude: 40.327450 Longitude: -102.501950

CORRECTIVE ACTIONS:

1 CA# 200872

Corrective Action: Comply with Rule 606. Date: 12/24/2024

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

Operator Comment: Production related debris removed.

ECMC Decision: _____

ECMC
Representative:

2 CA# 200873

Corrective Action: Comply with Rule 606.

Date: 12/16/2024

Response: CA COMPLETED

Date of Completion: 04/09/2025

Operator Comment: Dried weed and vegetaion debris removed from inside fencing at wellhead. 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 2:42:01 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>
404214847	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files