

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:
404277805

Date Received:
07/14/2025

FIR RESOLUTION FORM

Overall Status:

CA Summary:

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

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

| | |
|--|---------------------------------|
| ECMC Operator Number: <u>10844</u> | Contact Name and Telephone: |
| Name of Operator: <u>QB ENERGY OPERATING LLC</u> | Name: _____ |
| Address: <u>1001 17TH STREET SUITE 1600</u> | Phone: () _____ Fax: () _____ |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> | Email: _____ |

Additional Operator Contact:

| | | |
|------------------|-------|---------------------------------------|
| Contact Name | Phone | Email |
| <u>QB Energy</u> | | <u>ecmc.inspections@qb-energy.com</u> |

ECMC INSPECTION SUMMARY:

FIR Document Number: 708906637

Inspection Date: 06/02/2025 FIR Submit Date: 06/02/2025 FIR Status: _____

Inspected Operator Information:

Company Name: QB ENERGY OPERATING LLC Company Number: 10844

Address: 1001 17TH STREET SUITE 1600

City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 334924

Location Name: HMU-67S93W Number: 10NENE County: _____

Qtrqtr: NENE Sec: 10 Twp: 7S Range: 93W Meridian: 6

Latitude: 39.465300 Longitude: -107.755030

FACILITY - API Number: 05-045-00 Facility ID: 334924

Facility Name: HMU-67S93W Number: 10NENE

Qtrqtr: NENE Sec: 10 Twp: 7S Range: 93W Meridian: 6

Latitude: 39.465300 Longitude: -107.755030

CORRECTIVE ACTIONS:

| | | |
|--------------------|--|---------------------------------------|
| 2 | CA# 205274 | |
| Corrective Action: | <u>Comply with rule 420 & submit wellbore diagram via FORM 4 SUNDRY or FORM 17</u> | Date: <u>07/02/2025</u> |
| Response: | <u>CA COMPLETED</u> | Date of Completion: <u>07/14/2025</u> |
| Operator Comment: | <u>Document 404254163 was submitted.</u> | |
| 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: Romana Cowden

Signed: _____

Title: EHS

Date: 7/14/2025 10:51:28 AM

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