

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:
404300085

Date Received:
07/30/2025

FIR RESOLUTION FORM

Overall Status:

CA Summary:

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

1 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: 698603831
Inspection Date: 07/11/2025 FIR Submit Date: 07/23/2025 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: 337322

Location Name: P.BROPHY-64N46W Number: 29SWSE County: YUMA
Qtrqtr: SWSE Sec: 29 Twp: 4N Range: 46W Meridian: 6
Latitude: 40.280601 Longitude: -102.533463

FACILITY - API Number: 05-125-00 Facility ID: 284908

Facility Name: P.BROPHY Number: 34-294N46W
Qtrqtr: SWSE Sec: 29 Twp: 4N Range: 46W Meridian: 6
Latitude: 40.280601 Longitude: -102.533463

CORRECTIVE ACTIONS:

1 CA# 206346

Corrective Action: Install appropriate fittings to allow bradenhead visual inspection as per Rule 419.a.(1), (2) Date: 08/03/2025

Response: CA COMPLETED Date of Completion: 07/28/2025

Operator Comment: Bradenhead was already plumbed to surface. Wellbore area had dirt moved in by tillage of field. Operator requested Factual review, but was not able although received FIR on 07/23. Operator requests guidance from inspector. Operator has photographs, but unable to submit Description for attachments

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: 7/30/2025 2:18:37 PM

ATTACHMENT LIST

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

Document Number **Description**

404300085	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files