

State of Colorado Energy & Carbon Management Commission



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Document Number:
404310414

Date Received:
08/08/2025

FIR RESOLUTION FORM

Overall Status:

CA Summary:

3 of 3 CAs from the FIR responded to on this Form

3 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC Operator Number: 10844
Name of Operator: QB ENERGY OPERATING LLC
Address: 1001 17TH STREET SUITE 1600
City: DENVER State: CO Zip: 80202

Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

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

ECMC INSPECTION SUMMARY:

FIR Document Number: 719200023
Inspection Date: 06/06/2025 FIR Submit Date: 07/14/2025 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: 334844

Location Name: HILL-67S92W Number: 9NWSW County: _____
Qtrqtr: NWS Sec: 9 Twp: 7S Range: 92W Meridian: 6
W
Latitude: 39.458307 Longitude: -107.677735

FACILITY - API Number: 05-045- -00 Facility ID: 334844

Facility Name: HILL-67S92W Number: 9NWSW
Qtrqtr: NWS Sec: 9 Twp: 7S Range: 92W Meridian: 6
W
Latitude: 39.458307 Longitude: -107.677735

CORRECTIVE ACTIONS:

1 CA# 206082

Corrective Action: Comply with Rule 1003.a. Date: 07/28/2025

Response: CA COMPLETED Date of Completion: 07/17/2025

Operator Comment: Trash was removed.

ECMC Decision: _____

ECMC Representative:

2 CA# 206083

Corrective Action: Comply with Rules 1003.a and 603.j.

Date: 07/28/2025

Response: CA COMPLETED

Date of Completion: 07/17/2025

Operator Comment:

Deadman was removed.

ECMC Decision:

ECMC Representative:

3 CA# 206084

Corrective Action: Comply with Rule 1003.f.

Date:

Response: CA COMPLETED

Date of Completion: 07/17/2025

Operator Comment:

Weeds were treated/removed.

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: 8/8/2025 10:21:20 AM

ATTACHMENT LIST

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

Document Number **Description**

| Document Number | Description |
|-----------------|-------------|
| | |

Total Attach: 0 Files