

State of Colorado
Energy & Carbon Management Commission



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Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:
404313626

Date Received:
08/12/2025

FIR RESOLUTION FORM

Overall Status:

CA Summary:

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

2 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>Koch, Benjamin</u>		<u>bzkoch@blm.gov</u>
<u>Andrews, Doug</u>		<u>doug.andrews@state.co.us</u>
<u>ENERGY, QB</u>		<u>ecmc.inspections@qb-energy.com</u>
<u>Kellerby, Shaun</u>		<u>shaun.kellerby@state.co.us</u>
<u>Toews, Wesley</u>		<u>wtoews@blm.gov</u>
<u>Longworth, Mike</u>		<u>mike.longworth@state.co.us</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 713400899
Inspection Date: 07/01/2025 FIR Submit Date: 07/02/2025 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: 424424

Location Name: Federal Number: 2-6H (PL35NW) County: _____
Qtrqr: SENW Sec: 35 Twp: 9S Range: 94W Meridian: 6
Latitude: 39.237160 Longitude: -107.850941

FACILITY - API Number: 05-077-00 Facility ID: 424424

Facility Name: Federal Number: 2-6H (PL35NW)
Qtrqr: SENW Sec: 35 Twp: 9S Range: 94W Meridian: 6
Latitude: 39.237160 Longitude: -107.850941

CORRECTIVE ACTIONS:

1 CA# 205892

Corrective Action: Comply with CECMC wildlife rules

Date: 07/09/2025

Response: CA COMPLETED

Date of Completion: 08/05/2025

Operator Comment: Covered opening in separator with wire mesh.

ECMC Decision: _____

ECMC Representative: _____

2 CA# 205893

Corrective Action: Comply with CECMC 600 & 1100 series rules

Date: 07/09/2025

Response: CA COMPLETED

Date of Completion: 08/05/2025

Operator Comment: Tagged and sealed stubbed lines/valves.

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: Justin Johnson Signed: _____

Title: Compliance Date: 8/12/2025 12:29:59 PM

ATTACHMENT LIST

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

Document Number	Description
404313644	RESPONSE PHOTO
404313645	RESPONSE PHOTO

Total Attach: 2 Files