

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:
404367710

Date Received:
09/25/2025

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: 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>Toews, Wesley</u> | | <u>wtoews@blm.gov</u> |
| . | | <u>ecmc.inspections@qb-energy.com</u> |

ECMC INSPECTION SUMMARY:

FIR Document Number: 718100816
Inspection Date: 09/09/2025 FIR Submit Date: 09/12/2025 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: 334081

Location Name: FEDERAL-68S95W Number: 8NENW County: _____
Qtrqtr: NENW Sec: 8 Twp: 8S Range: 95W Meridian: 6
Latitude: 39.383563 Longitude: -108.021628

FACILITY - API Number: 05-045-00 Facility ID: 334081

Facility Name: FEDERAL-68S95W Number: 8NENW
Qtrqtr: NENW Sec: 8 Twp: 8S Range: 95W Meridian: 6
Latitude: 39.383563 Longitude: -108.021628

CORRECTIVE ACTIONS:

1 CA# 207990

Corrective Action: Pursuant to Rule 210- Identify purpose of equipment being installed on the northwest end of the Location. Date: 09/19/2025

Response: CA COMPLETED Date of Completion: 09/25/2025

Operator Comment: These are wandering wells: From foreman in charge of installation: "wandering wells were installed to measure how much movement the pad has in the slide area".

ECMC Decision: _____

ECMC
Representative:

2 CA# 207991

Corrective Action: Comply with Rule 606.

Date: 09/19/2025

Response: CA COMPLETED

Date of Completion: 09/25/2025

Operator
Comment: All equipment has been removed from location.

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: 9/25/2025 11:28:34 AM

ATTACHMENT LIST

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

Document Number **Description**

| | |
|-----------|--------------------------|
| 404367710 | FIR RESOLUTION SUBMITTED |
|-----------|--------------------------|

Total Attach: 1 Files