

State of Colorado
Energy & Carbon Management Commission



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Document Number:
404368474

Date Received:
09/25/2025

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: 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
QB Energy		ecmc.inspections@qb-energy.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 708907032
Inspection Date: 07/30/2025 FIR Submit Date: 08/01/2025 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: 335823

Location Name: UNOCAL-66S96W Number: 4SEnw County: _____
Qtrqtr: SENW Sec: 4 Twp: 6S Range: 96W Meridian: 6
Latitude: 39.555477 Longitude: -108.114527

FACILITY - API Number: 05-045-00 Facility ID: 335823

Facility Name: UNOCAL-66S96W Number: 4SEnw
Qtrqtr: SENW Sec: 4 Twp: 6S Range: 96W Meridian: 6
Latitude: 39.555477 Longitude: -108.114527

CORRECTIVE ACTIONS:

1 CA# 206766
Corrective Action: _____ Date: 08/31/2025

A permanent sign will be conspicuously located at the wellhead and will identify:

- A. The Well name;
- B. The API number; and
- C. Its legal location, including the quarter/quarter section.

When no associated Tank battery is present at the Oil and Gas Location, the following additional information is required on the Well sign:

- A. Name of the Operator;
- B. Telephone number at which the Operator can be reached at all times;
- C. Telephone number for local emergency services (911 where available); and
- D. The public road used to access the Well.

Response: CA COMPLETED

Date of Completion: 09/25/2025

Operator
Comment:

Installed new wellhead signs.

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: Joey Gracey

Signed:

Title: Compliance

Date: 9/25/2025 3:15:55 PM

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