

State of Colorado
Energy & Carbon Management Commission



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Document Number:
404375750

Date Received:
10/01/2025

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
Romana Cowden	720-951-5895	ecmc.inspections@qb-energy.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 719500392
Inspection Date: 08/27/2025 FIR Submit Date: 08/28/2025 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: 334067

Location Name: WHITE-68S96W Number: 14NENE County:
Qtrqtr: NENE Sec: 14 Twp: 8S Range: 96W Meridian: 6
Latitude: 39.356730 Longitude: -108.069500

FACILITY - API Number: 05-077-00 Facility ID: 334067

Facility Name: WHITE-68S96W Number: 14NENE
Qtrqtr: NENE Sec: 14 Twp: 8S Range: 96W Meridian: 6
Latitude: 39.356730 Longitude: -108.069500

CORRECTIVE ACTIONS:

2 CA# 207598

Corrective Action: Meters will be calibrated annually unless more frequent calibration is required by contractual obligations or by the Director. Date: 09/29/2025

Response: CA COMPLETED Date of Completion: 08/27/2025

Operator Comment: Well is shut in. When a well is placed on the shut in/inactive status we do not maintain calibrations on them.

ECMC Decision:

ECMC
Representative:

3 CA# 207599

Corrective Action: A mechanical integrity test will be performed on each Shut-in Well within 2 years of the initial shut-in date.

Date: 09/29/2025

Response: CA COMPLETED

Date of Completion: 08/27/2025

Operator
Comment:

Well is out of service, MIT is not required.

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: 10/1/2025 12:14:52 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