

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:  
404421097

Date Received:  
11/03/2025

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed  
0 Factual Review Request

OPERATOR INFORMATION

ECMC Operator Number: 26155  
Name of Operator: EAGLE OPERATING INC  
Address: 2501 6TH ST SE STE B  
City: MINOT State: ND Zip: 58701

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

Additional Operator Contact:

Contact Name	Phone	Email
Brekka Greff	612-590-8762	b.greff@eagleopnd.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 718100890  
Inspection Date: 09/25/2025 FIR Submit Date: 09/29/2025 FIR Status:

Inspected Operator Information:

Company Name: EAGLE OPERATING INC Company Number: 26155  
Address: 2501 6TH ST SE STE B  
City: MINOT State: ND Zip: 58701

LOCATION - Location ID: 397838

Location Name: EMERALD-62N103W Number: 25SWSW County:  
Qtrqtr: SWS Sec: 25 Twp: 2N Range: 103W Meridian: 6  
W  
Latitude: 40.106655 Longitude: -108.913437

FACILITY - API Number: 05-103-00 Facility ID: 397838

Facility Name: EMERALD-62N103W Number: 25SWSW  
Qtrqtr: SWS Sec: 25 Twp: 2N Range: 103W Meridian: 6  
W  
Latitude: 40.106655 Longitude: -108.913437

CORRECTIVE ACTIONS:

1 CA# 208467

Corrective Action: Pursuant to Rule 210, submit documentation of weed management and reclamation efforts conducted. At a minimum, include details/information such as specific work performed, invoices, seed tags, etc... Submit documentation/records attached to a Form 4 Sundry notice; check the box stating "Route to the Area Reclamation Specialist" within the "reclamation" tab of the sundry.

Date: 10/03/2025

Response: CA COMPLETED Date of Completion: 11/03/2025

Submitted Form 4 on 11/3/2025 with details of work completed with attachments.

Operator \_\_\_\_\_  
Comment: \_\_\_\_\_

ECMC Decision: \_\_\_\_\_

ECMC Representative: \_\_\_\_\_

OPERATOR COMMENT AND SUBMITTAL

Comment: I have submitted all information regarding work completed via Form 4. I was unable to attach the 2 documents submitted on Form 4 as it wouldn't let me add a description.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Brekka Greff \_\_\_\_\_ Signed: \_\_\_\_\_

Title: Designated Agent \_\_\_\_\_ Date: 11/3/2025 2:19:02 PM \_\_\_\_\_

**ATTACHMENT LIST**

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

<u>Document Number</u>	<u>Description</u>
404421097	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files