

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:
404435081

Date Received:
11/13/2025

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: 10758
Name of Operator: OGRIS OPERATING LLC
Address: PO BOX 53467
City: MIDLAND State: TX Zip: 79710

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

Additional Operator Contact:

Contact Name	Phone	Email
zeches, GIENA		gzeches@ogrisop.com
BACA, DAVE	719-859-4066	dbaca@ogrisop.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 716301683
Inspection Date: 11/05/2025 FIR Submit Date: 11/05/2025 FIR Status:

Inspected Operator Information:

Company Name: OGRIS OPERATING LLC Company Number: 10758
Address: PO BOX 53467
City: MIDLAND State: TX Zip: 79710

LOCATION - Location ID: 308989

Location Name: APACHE CANYON-634S67W Number: 19SESW County: LAS ANIMAS
Qtrqtr: SESW Sec: 19 Twp: 34S Range: 67W Meridian: 6
Latitude: 37.064246 Longitude: -104.929947

FACILITY - API Number: 05-071- -00 Facility ID: 286229

Facility Name: APACHE CANYON Number: 19-14
Qtrqtr: SESW Sec: 19 Twp: 34S Range: 67W Meridian: 6
Latitude: 37.064246 Longitude: -104.929947

CORRECTIVE ACTIONS:

1 CA# 209208

Corrective Action: Provide ECMC with documentation showing approval of use of vacuum pump. Date: 11/22/2025

Response: CA COMPLETED Date of Completion: 11/12/2025

Operator Comment: SEE APPROVED FORM 4 IN ATTACHMENTS

ECMC Decision:

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: SEE ATTACHMENTS

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

Print Name: GIENA ZECHES

Signed: _____

Title: ENVIRONMENTAL

Date: 11/13/2025 1:42:02 PM

ATTACHMENT LIST

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

Document Number **Description**

404435085	FORM 4
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Total Attach: 1 Files