

State of Colorado Energy & Carbon Management Commission



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Document Number:
404441662

Date Received:
11/18/2025

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: 10775
Name of Operator: KT RESOURCES LLC
Address: 3381 WESTBROOK LANE
City: HIGHLANDS RANCH State: CO Zip: 80129
Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Karen Adams</u>	<u>3039161170</u>	<u>Adams@kt-res.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 715501364
Inspection Date: 03/04/2025 FIR Submit Date: 03/04/2025 FIR Status: _____

Inspected Operator Information:

Company Name: KT RESOURCES LLC Company Number: 10775
Address: 3381 WESTBROOK LANE
City: HIGHLANDS RANCH State: CO Zip: 80129

LOCATION - Location ID: 316255

Location Name: WRD FEDERAL-62N96W Number: 18SEnw County: RIO BLANCO
Qtrqr: SEnw Sec: 18 Twp: 2N Range: 96W Meridian: 6
Latitude: 40.144175 Longitude: -108.210084

FACILITY - API Number: 05-103-00 Facility ID: 259656

Facility Name: WRD FEDERAL Number: 18-22
Qtrqr: SEnw Sec: 18 Twp: 2N Range: 96W Meridian: 6
Latitude: 40.144175 Longitude: -108.210084

CORRECTIVE ACTIONS:

2 CA# 202996

Corrective Action: Meters will be calibrated annually unless more frequent calibration is required by contractual obligations or by the Director. Date: 03/30/2024

Response: CA COMPLETED Date of Completion: 05/20/2025

Operator Comment: Meter calibrated

ECMC Decision: _____

ECMC
Representative:

3 CA# 202997

Corrective Action: Provide proper Stormwater BMPs to control runoff in a manner that minimizes erosion, transport of sediment offsite, and site degradation. Vehicle tracking BMPs to control potential sediment discharges from operational roads, well pads, and other unpaved surfaces.

Date: 06/10/2023

Response: CA COMPLETED

Date of Completion: 04/04/2025

Operator
Comment:

Location bladed

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: Karen Adams

Signed: _____

Title: Admin

Date: 11/18/2025 5:36:43 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