

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:
404456339

Date Received:
12/02/2025

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

Additional Operator Contact:

Contact Name	Phone	Email
<u>Karen Adams</u>	<u>303-916-1170</u>	<u>Adams@kt-res.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 715500199
 Inspection Date: 06/11/2024 FIR Submit Date: 06/11/2024 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: 316153

Location Name: WRD FEDERAL-62N96W Number: 30SESE County: RIO BLANCO
 Qtrqr: SESE Sec: 30 Twp: 2N Range: 96W Meridian: 6
 Latitude: 40.107672 Longitude: -108.201322

FACILITY - API Number: 05-103-00 Facility ID: 232247

Facility Name: WRD FEDERAL Number: 30-44
 Qtrqr: SESE Sec: 30 Twp: 2N Range: 96W Meridian: 6
 Latitude: 40.107672 Longitude: -108.201322

CORRECTIVE ACTIONS:

1 CA# 195820	
Corrective Action: <u>Remove and properly dispose of oily waste and impacted soil.</u>	Date: <u>06/27/2024</u>
Response: <u>CA COMPLETED</u>	Date of Completion: <u>08/17/2024</u>
Operator Comment: <u>Stained soil treated with Gator</u>	
ECMC Decision: _____	

ECMC
Representative:

2 CA# 195821

Corrective Action: Vents on pressure safety devices will terminate in a manner so as not to endanger the public or adjoining facilities. They will be designed to be clear and free of debris and water at all times.

Date: 06/27/2024

Response: CA COMPLETED

Date of Completion: 08/17/2024

Operator
Comment: Relief valve vent replaced

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: Manager

Date: 12/2/2025 12:40:36 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