

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:  
404497660

Date Received:  
01/07/2026

**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: 10351  
Name of Operator: WAPITI OPERATING LLC  
Address: 1251 LUMPKIN RD  
City: HOUSTON State: TX Zip: 77043

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

Additional Operator Contact:

Contact Name	Phone	Email
<u>B Middlebrook, Sonny</u>	<u>575-445-6724/575-445-8610</u>	<u>smiddlebrook@wapitienergy.com</u>
<u>B Mattorano, Michael</u>	<u>575-445-6704/505-652-0416</u>	<u>mmattorano@wapitienergy.com</u>
<u>B Madison, Randy</u>	<u>575-445-6706/575-420-1120</u>	<u>rmadison@wapitienergy.com</u>
<u>B Berry, Matthew</u>	<u>575-445-6785/505-652-8275</u>	<u>mberry@wapitienergy.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 716301305  
Inspection Date: 07/31/2025 FIR Submit Date: 07/31/2025 FIR Status: \_\_\_\_\_

Inspected Operator Information:

Company Name: WAPITI OPERATING LLC Company Number: 10351  
Address: 1251 LUMPKIN RD  
City: HOUSTON State: TX Zip: 77043

LOCATION - Location ID: 308304

Location Name: VPR C-635S66W Number: 12SENE County: LAS ANIMAS  
Qtrqr: SENE Sec: 12 Twp: 35S Range: 66W Meridian: 6  
Latitude: 37.013380 Longitude: -104.724390

FACILITY - API Number: 05-071-00 Facility ID: 265687

Facility Name: VPR C Number: 114  
Qtrqr: SENE Sec: 12 Twp: 35S Range: 66W Meridian: 6  
Latitude: 37.013380 Longitude: -104.724390

CORRECTIVE ACTIONS:

**1** CA# 206713

Corrective Action: MAINTAIN WEEDS PER RULE 606. Date: 08/04/2025

Response: CA COMPLETED Date of Completion: 01/06/2026

Pad was bladed to bare ground removing all the dead weeds. See attached photos.

Operator  
Comment:

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: Randy L. Madison

Signed:

Title: HSE & Reg. Specialist, Sr

Date: 1/7/2026 1:28:58 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>
404497660	FIR RESOLUTION SUBMITTED
404497705	Photo #1
404497708	Photo #2
404497730	Photo #3

Total Attach: 4 Files