

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:  
404548732

Date Received:  
02/18/2026

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: 10844  
Name of Operator: QB ENERGY OPERATING LLC  
Address: 1001 17TH STREET SUITE 1600  
City: DENVER State: CO Zip: 80202

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

Additional Operator Contact:

Contact Name	Phone	Email
QB Energy		ecmc.inspections@qb-energy.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 701104307  
Inspection Date: 10/29/2025 FIR Submit Date: 11/07/2025 FIR Status:

Inspected Operator Information:

Company Name: QB ENERGY OPERATING LLC Company Number: 10844  
Address: 1001 17TH STREET SUITE 1600  
City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 335102

Location Name: GMR-66S93W Number: 34NWNE County:  
Qtrqtr: NWNE Sec: 34 Twp: 6S Range: 93W Meridian: 6  
Latitude: 39.488160 Longitude: -107.760460

FACILITY - API Number: 05-045-00 Facility ID: 335102

Facility Name: GMR-66S93W Number: 34NWNE  
Qtrqtr: NWNE Sec: 34 Twp: 6S Range: 93W Meridian: 6  
Latitude: 39.488160 Longitude: -107.760460

CORRECTIVE ACTIONS:

1 CA# 209300

Corrective Action: In the Supplemental Form 19, identify the root cause of the failure and explain how reoccurrence on this pipeline and the other pipelines associated with this facility will be prevented, per Rule 912.d.(3). Coordinate with ECMC Western Integrity Inspector, Mike Longworth, regarding pipeline excavation, assessment, and repair. Provide a minimum 48-hours of advance notice to Mike Longworth via email (michael.longworth@state.co.us) prior to pressure testing of equipment.

Date:

Response: CA COMPLETED Date of Completion: 02/18/2026

Operator Comment: Complete, see Doc # 404430872.

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: Romana Cowden

Signed: \_\_\_\_\_

Title: EHS

Date: 2/18/2026 9:48:42 AM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

404548732	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files