

State of Colorado Energy & Carbon Management Commission



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Document Number:
404553039

Date Received:
02/20/2026

FIR RESOLUTION FORM

Overall Status:

CA Summary:
2 of 2 CAs from the FIR responded to on this Form
2 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
<u>B WARD, GIENA</u>		<u>gward@ogrisop.com</u>
<u>BACA, DAVE</u>	<u>719-859-4066</u>	<u>dbaca@ogrisop.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 716301946
Inspection Date: 02/03/2026 FIR Submit Date: 02/03/2026 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: 309420

Location Name: GOLDEN EAGLE-633S67W Number: 33SWNE County: LAS ANIMAS
Qtrqtr: SWNE Sec: 33 Twp: 33S Range: 67W Meridian: 6
Latitude: 37.131179 Longitude: -104.889974

FACILITY - API Number: 05-071-00 Facility ID: 294860

Facility Name: GOLDEN EAGLE Number: 33-07
Qtrqtr: SWNE Sec: 33 Twp: 33S Range: 67W Meridian: 6
Latitude: 37.131179 Longitude: -104.889974

CORRECTIVE ACTIONS:

1 CA# 210762

Corrective Action: Conduct maintenance on equipment, cleanup stained material and review self inspection processes. COMPLY WITH RULE 1002,.(2).D. Date: 02/10/2026

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

Operator Comment: THE AREA OF IMPACTED SOIL AROUND THE WELLHEAD HAS BEEN REMOVED AND REPLACED WITH FRESH PAD MATERIAL. THE SELF INSPECTION PROCESS HAS BEEN REVIEWED AND THIS LOCATION WITH BE MONITORED FOR ANY FURTHER POTENTIAL COMPLIANCE ISSUES.

ECMC Decision: _____

ECMC
Representative:

2 CA# 210763

Corrective Action: Provide ECMC with documentation showing approval of use of vacuum pump.

Date: 02/20/2026

Response: CA COMPLETED

Date of Completion: 02/20/2026

Operator
Comment: SEE FORM 4 DOC #404552962

ECMC Decision:

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: ALL CORRECTIVE ACTIONS HAVE BEEN COMPLETED

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: 2/20/2026 2:22:10 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>
404553044	PHOTO LOG

Total Attach: 1 Files