

State of Colorado
Energy & Carbon Management Commission



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Document Number:
404572200

Date Received:
03/09/2026

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
Energy_QB		ecmc.inspections@qb-energy.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 701104563
Inspection Date: 03/04/2026 FIR Submit Date: 03/06/2026 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: 324168

Location Name: BENTLEY-67S95W Number: 11SWSE County:
Qtrqtr: SWSE Sec: 11 Twp: 7S Range: 95W Meridian: 6
Latitude: 39.446710 Longitude: -107.961380

FACILITY - API Number: 05-045-00 Facility ID: 324168

Facility Name: BENTLEY-67S95W Number: 11SWSE
Qtrqtr: SWSE Sec: 11 Twp: 7S Range: 95W Meridian: 6
Latitude: 39.446710 Longitude: -107.961380

CORRECTIVE ACTIONS:

1 CA# 211426

Corrective Action: Comply with Rule 609.c.
(1) Isolate or disconnect the Tank or process vessel from sources of oil, condensate, produced water, or natural gas; (2) Depressurize and evacuate all hydrocarbons and produced water from the Tank or process vessel and test the interior of the Tank or process vessel to show that it is safe for designated entry, cleaning, or repair work.; (3) Apply OOSLAT; and (4) Equip any openings in the Tank or process vessel with screens or other appropriate equipment to prevent entry by wildlife, including birds and bats.

Date: 03/09/2026

Response: CA COMPLETED Date of Completion: 03/07/2026

Operator Comment: Well at location has been shut in. All fluids have been removed from the tank. Repairs will begin once the repair plan is approved.

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: Joey Gracey

Signed: _____

Title: Compliance

Date: 3/9/2026 3:02:21 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