

State of Colorado Energy & Carbon Management Commission



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Document Number:
404644146

Date Received:
05/01/2026

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: 10775
Name of Operator: KT RESOURCES LLC
Address: 3381 WESTBROOK LANE
City: HIGHLANDS RANCH State: CO Zip: 80129

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

Additional Operator Contact:

Contact Name	Phone	Email
<u>Wilson, Justin</u>	<u>(970) 878-3825</u>	<u>jrwilson@blm.gov</u>
<u>Baumgras, Dan</u>	<u>(307) 321-3299</u>	<u>Dan@KT-Res.com</u>
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ECMC INSPECTION SUMMARY:

FIR Document Number: 702502283
Inspection Date: 01/16/2024 FIR Submit Date: 01/17/2024 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: 316276

Location Name: WRD FEDERAL-62N97W Number: 24NWSE County: RIO BLANCO
Qtrqtr: NWSE Sec: 24 Twp: 2N Range: 97W Meridian: 6
Latitude: 40.125213 Longitude: -108.224321

FACILITY - API Number: 05-103-00 Facility ID: 260268

Facility Name: WRD FEDERAL Number: 24-33
Qtrqtr: NWSE Sec: 24 Twp: 2N Range: 97W Meridian: 6
Latitude: 40.125213 Longitude: -108.224321

CORRECTIVE ACTIONS:

1 CA# 190117

Corrective Action: Operators will ensure that container and tank labels are well maintained and legible, and will replace damaged or vandalized labels within 30 days of discovery that the label is no longer legible or is damaged.

Date: 01/27/2024

Response: CA COMPLETED

Date of Completion: 03/26/2025

Operator Comment: Labels replaced

ECMC Decision: _____

ECMC Representative: _____

2 CA# 190118

Corrective Action: Meters will be calibrated annually unless more frequent calibration is required by contractual obligations or by the Director.

Date: 02/16/2024

Response: CA COMPLETED

Date of Completion: 03/20/2025

Operator Comment: Meter calibrated

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: Amber Barnett

Signed: _____

Title: Compliance Specialist

Date: 5/1/2026 5:26:11 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