

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:
404651812

Date Received:
05/08/2026

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: 10690
Name of Operator: IMPETRO RESOURCES LLC
Address: 558 CASTLE PINES PKWY UNIT B-4
City: CASTLE PINES State: CO Zip: 80108

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

Additional Operator Contact:

Contact Name	Phone	Email
<u>Quint, Craig</u>		<u>craig.quint@state.co.us</u>
<u>Bongers, Brent</u>	<u>361-935-5633</u>	<u>bbongers@impetroresources.com</u>
<u>Heibel, Krystal</u>		<u>krystal.heibel@state.co.us</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 711903078
Inspection Date: 05/04/2026 FIR Submit Date: 05/05/2026 FIR Status: _____

Inspected Operator Information:

Company Name: IMPETRO RESOURCES LLC Company Number: 10690
Address: 558 CASTLE PINES PKWY UNIT B-4
City: CASTLE PINES State: CO Zip: 80108

LOCATION - Location ID: 317083

Location Name: LEUI-62N49W Number: 10NENW County: WASHINGTON
Qtrqr: NENW Sec: 10 Twp: 2N Range: 49W Meridian: 6
Latitude: 40.160910 Longitude: -102.845040

FACILITY - API Number: 05-121-00 Facility ID: 235991

Facility Name: LEUI Number: 1-A
Qtrqr: NENW Sec: 10 Twp: 2N Range: 49W Meridian: 6
Latitude: 40.160910 Longitude: -102.845040

CORRECTIVE ACTIONS:

1 CA# 212737

Corrective Action: RECOVER FREE LIQUIDS AND PROPERLY DISPOSE IN ACCORDANCE WITH RULE 905.c CONTACT ECMC ENVIRONMENTAL GROUP FOR DIRECTIVES Date: 05/06/2026

Response: CA COMPLETED Date of Completion: 05/07/2026

Operator Comment: Free liquids observed in pit were removed and disposed of.

ECMC Decision: _____

ECMC
Representative:

2 CA# 212738

Corrective Action:

Date: 05/06/2026

Response: CA COMPLETED

Date of Completion: 05/07/2026

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: Lauren Glazier

Signed: _____

Title: Consultant

Date: 5/8/2026 9:34:32 AM

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>
404651812	FIR RESOLUTION SUBMITTED
404651816	Photo

Total Attach: 2 Files