

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402974689

Date Received:

03/07/2022

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

OGCC Operator Number: 10699  
Name of Operator: OWN RESOURCES OPERATING LLC  
Address: 38 PALMER CREST CT  
City: SPRING State: TX Zip: 77381  
Contact Name and Telephone:  
Name: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_

Additional Operator Contact:

Contact Name	Phone	Email
<u>Jones, Greg</u>	<u>970-332-3585</u>	<u>greg.jones@ownresources.com</u>
<u>Dolezal, Pat</u>	<u>970-332-3585</u>	<u>pat.dolezal@ownresources.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 688311855  
Inspection Date: 01/03/2022 FIR Submit Date: 01/13/2022 FIR Status: \_\_\_\_\_

Inspected Operator Information:

Company Name: OWN RESOURCES OPERATING LLC Company Number: 10699  
Address: 38 PALMER CREST CT  
City: SPRING State: TX Zip: 77381

LOCATION - Location ID: 303519

Location Name: JONES-61N44W Number: 19NWNE County: YUMA  
Qtrqtr: NWNE Sec: 19 Twp: 1N Range: 44W Meridian: 6  
Latitude: 40.044870 Longitude: -102.328680

FACILITY - API Number: 05-125-00 Facility ID: 253225

Facility Name: JONES Number: 2  
Qtrqtr: NWNE Sec: 19 Twp: 1N Range: 44W Meridian: 6  
Latitude: 40.044870 Longitude: -102.328680

CORRECTIVE ACTIONS:

1 CA# 159166

Corrective Action: Install sign to comply with Rule 605.h. Date: 01/28/2022

Response: CA COMPLETED Date of Completion: 03/04/2022

Operator Comment: New sign has been installed

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

**2** CA# 159167

Corrective Action: Install or repair required BMPs per Rule 1002.f(2)C.

Date: 01/28/2022

Response: CA COMPLETED

Date of Completion: 03/04/2022

Operator  
Comment: Gravel was delivered to location and berm repaired.

COGCC Decision: \_\_\_\_\_

COGCC  
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: Pat Dolezal

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

Title: Regulatory Specialist

Date: 3/7/2022 8:57:10 AM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files