

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:

403021334

Date Received:

04/20/2022

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

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>Young, Rob</u>		<u>rob.young@state.co.us</u>
<u>Dolezal, Pat</u>	<u>970-332-3585</u>	<u>pat.dolezal@ownresources.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 688312482  
Inspection Date: 03/31/2022 FIR Submit Date: 04/06/2022 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: 304018

Location Name: WEATHERS-62N46W Number: 30NENE County: YUMA  
Qtrqtr: NENE Sec: 30 Twp: 2N Range: 46W Meridian: 6  
Latitude: 40.117460 Longitude: -102.550870

FACILITY - API Number: 05-125-00 Facility ID: 253938

Facility Name: WEATHERS Number: 41-30  
Qtrqtr: NENE Sec: 30 Twp: 2N Range: 46W Meridian: 6  
Latitude: 40.117460 Longitude: -102.550870

CORRECTIVE ACTIONS:

1 CA# 160721

Corrective Action: Report spill or release of E&P waste or produced fluids Remove free fluids and contact COGCC EPS staff per Rule 912.b.

Date: 04/13/2022

Response: CA COMPLETED

Date of Completion: 04/13/2022

Straw and Gypsum were spread on location

Operator \_\_\_\_\_  
Comment: \_\_\_\_\_

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: 4/20/2022 7:58:44 AM \_\_\_\_\_

**ATTACHMENT LIST**

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

**Document Number**      **Description**

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

Total Attach: 0 Files