

State of Colorado  
Energy & Carbon Management Commission



Document Number:  
403566506

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

Date Received:  
10/19/2023

**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: 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>MacLaren, Joe</u>		<u>joe.maclaren@state.co.us</u>
<u>Bonger, Brent</u>	<u>361-935-5633</u>	<u>bbongers@impetroresources.com</u>
<u>Young, Rob</u>		<u>rob.young@state.co.us</u>

**COGCC INSPECTION SUMMARY:**

FIR Document Number: 673714588  
Inspection Date: 12/23/2016 FIR Submit Date: 12/24/2016 FIR Status: \_\_\_\_\_

**Inspected Operator Information:**

Company Name: WARD & SON\* ALFRED Company Number: 94300  
Address: P O BOX 737  
City: OGALLALLA State: NE Zip: 69153

**LOCATION** - Location ID: 316966

Location Name: BLOMENKAMP-63S56W Number: 17NENE County: WASHINGTON  
Qtrqtr: NENE Sec: 17 Twp: 3S Range: 56W Meridian: 6  
Latitude: 39.796602 Longitude: -103.670435

**FACILITY** - API Number: 05-121-00 Facility ID: 233567

Facility Name: BLOMENKAMP Number: 1  
Qtrqtr: NENE Sec: 17 Twp: 3S Range: 56W Meridian: 6  
Latitude: 39.796602 Longitude: -103.670435

**CORRECTIVE ACTIONS:**

**1** CA# 54729

Corrective Action: Form 19 submitted and approved by COGCC EPS. Date: 01/23/2017

Response: CA COMPLETED Date of Completion: 01/30/2018

Operator Comment: Initial Form 19 filed on 12/22/2016 (Document 401173081) approved. Approved supplemental Form 19's submitted on 1/30/2018 (Document 401530471) and on 3/24/2021 (Document #402639212).

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: Amber Barnett

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

Title: Compliance Specialist

Date: 10/19/2023 2:52:24 PM

**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