

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:

403489239

Date Received:

08/08/2023

FIR RESOLUTION FORM

Overall Status: CAC

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: 305 S RIDGE STREET #6279

City: BRECKENRIDGE State: CO Zip: 80424

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Waggoner, Kyle

kyle.waggoner@state.co.us

Dolezal, Pat

970-332-3585

pat.dolezal@ownresources.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 698600857

Inspection Date: 07/31/2023

FIR Submit Date: 08/03/2023

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: 336947

Location Name: SMITH-61N45W Number: 25SWNE County: YUMA

Qtrqtr: SWNE Sec: 25 Twp: 1N Range: 45W Meridian: 6

Latitude: 40.026690 Longitude: -102.348610

FACILITY - API Number: 05-125- -00 Facility ID: 280909

Facility Name: SMITH Number: 32-25

Qtrqtr: SWNE Sec: 25 Twp: 1N Range: 45W Meridian: 6

Latitude: 40.026690 Longitude: -102.348610

CORRECTIVE ACTIONS:

1 ☒ CA# 177196

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

Date: 08/08/2023

Response: CA COMPLETED

Date of Completion: 08/04/2023

Operator Comment: Initial Form 19 Doc #403486959 submitted 08/04/2023. Own Resources employee dispatched to location 07/31/2023 and turned pumping unit off; packing was replaced on 08/01/2023, and dirt was turned.

COGCC Decision: Approved

COGCC Representative: Approved based on Electronic Well review and photo evidence provided by Operator.

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 Specialsit

Date: 8/8/2023 7:44:58 AM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
403489239	FIR RESOLUTION SUBMITTED
403489263	Photo
403489264	Photo

Total Attach: 3 Files