

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
<u>Waggoner, Kyle</u>		<u>kyle.waggoner@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: 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.

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

Total Attach: 3 Files