

State of Colorado
Energy & Carbon Management Commission



Document Number:
403717281

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

Date Received:
03/13/2024

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: 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
Dolezal, Pat 970-332-3585 pat.dolezal@ownresources.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 698601634
Inspection Date: 02/05/2024 FIR Submit Date: 03/06/2024 FIR Status:

Inspected Operator Information:

Company Name: OWN RESOURCES OPERATING LLC Company Number: 10699
Address: 305 S RIDGE STREET #6279
City: BRECKENRIDGE State: CO Zip: 80424

LOCATION - Location ID: 303880

Location Name: STULTS-61N45W Number: 32NENW County: YUMA
Qtrqtr: NENW Sec: 32 Twp: 1N Range: 45W Meridian: 6
Latitude: 40.015890 Longitude: -102.427880

FACILITY - API Number: 05-125-00 Facility ID: 253745

Facility Name: STULTS Number: 21-32
Qtrqtr: NENW Sec: 32 Twp: 1N Range: 45W Meridian: 6
Latitude: 40.015890 Longitude: -102.427880

CORRECTIVE ACTIONS:

1 CA# 192699
Corrective Action: Comply with Rule 1002..(2).D. Conduct maintenance on equipment, cleanup stained material and review self inspection processes. Date: 11/11/2023
Corrective action date remains the same to document period of non-compliance.
Response: CA COMPLETED Date of Completion: 03/05/2024
Operator Comment: Soils was turned at wellhead

COGCC Decision: _____

COGCC Representative: _____

2 CA# 192700

Corrective Action: Install sign to comply with Rule 605.d.

Date: 12/07/2023

Corrective action date remains the same to document period of non-compliance.

Response: CA COMPLETED

Date of Completion: 02/13/2024

Operator Comment: Stickers were applied to well sign

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: 3/13/2024 8:53:27 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>

Total Attach: 0 Files