

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:
403770107

Date Received:
04/25/2024

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

ECMC Operator Number: 10755

Name of Operator: MORNINGSTAR OPERATING LLC

Address: 400 W 7TH ST

City: FORT WORTH State: TX Zip: 76102

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Amy Byars

abyars@mspartners.com

Connie Blaylock

cblaylock@mspartners.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 714000665

Inspection Date: 04/12/2024

FIR Submit Date: 04/16/2024

FIR Status: _____

Inspected Operator Information:

Company Name: MORNINGSTAR OPERATING LLC

Company Number: 10755

Address: 400 W 7TH ST

City: FORT WORTH State: TX Zip: 76102

LOCATION - Location ID: 333334

Location Name: CHAPIN 32-6-N32N6W Number: 23NWNE County: _____

Qtrqtr: NWNE Sec: 23 Twp: 32N Range: 6W Meridian: N

Latitude: 37.006850 Longitude: -107.467030

FACILITY - API Number: 05-007- -00 Facility ID: 333334

Facility Name: CHAPIN 32-6-N32N6W Number: 23NWNE

Qtrqtr: NWNE Sec: 23 Twp: 32N Range: 6W Meridian: N

Latitude: 37.006850 Longitude: -107.467030

CORRECTIVE ACTIONS:

1 CA# 194292

Corrective Action: Comply with rule 606. Remove and properly store unused equipment.

Date: 05/01/2024

Response: CA COMPLETED

Date of Completion: 04/24/2024

Operator Comment: Unused equipment has been removed.

ECMC Decision: _____

| | | | |
|----------------------|--|---------------------------------------|-------------------------|
| ECMC Representative: | | | |
| 2 | CA# 194293 | | |
| Corrective Action: | Comply with rule 1002 Install or repair required BMPs. | | Date: <u>04/24/2024</u> |
| Response: | CA COMPLETED | Date of Completion: <u>04/24/2024</u> | |
| Operator Comment: | Thistle removed; soil stabilized. | | |
| ECMC Decision: | | | |
| ECMC Representative: | | | |

| | |
|---|-----------------------------------|
| <u>OPERATOR COMMENT AND SUBMITTAL</u> | |
| Comment: | |
| I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete. | |
| Print Name: <u>Connie Blaylock</u> | Signed: _____ |
| Title: <u>Regulatory Analyst</u> | Date: <u>4/25/2024 3:11:03 PM</u> |

ATTACHMENT LIST

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

| <u>Document Number</u> | <u>Description</u> |
|------------------------|--------------------|
| 403770124 | Photo 1 |
| 403770125 | Photo 2 |
| 403770128 | Photo 3 |
| 403770132 | Photo 4 |
| 403770135 | Photo 5 |
| 403770140 | Photo 6 |

Total Attach: 6 Files