

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:
403533652

Date Received:
09/18/2023

FIR RESOLUTION FORM

Overall Status:

CA Summary:

5 of 5 CAs from the FIR responded to on this Form

5 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC 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
Krystal Heibel	303-817-5217	krystal.heibel@state.co.us
Dolezal, Pat		pat.dolezal@ownresources.com
Quint, Craig		craig.quint@state.co.us

ECMC INSPECTION SUMMARY:

FIR Document Number: 709100101
Inspection Date: 08/31/2023 FIR Submit Date: 09/08/2023 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: 303242

Location Name: SALVADOR-64N46W Number: 5NWNE County:
Qtrqtr: NWNE Sec: 5 Twp: 4N Range: 46W Meridian: 6
Latitude: 40.349645 Longitude: -102.535151

FACILITY - API Number: 05-125-00 Facility ID: 107851

Facility Name: SALVADOR 2-5 Number:
Qtrqtr: NWNE Sec: 5 Twp: 4N Range: 46W Meridian: 6
Latitude: 40.349645 Longitude: -102.535151

CORRECTIVE ACTIONS:

1 CA# 180543

Corrective Action: Comply with Rule 1002.a.(3) Date: 09/23/2023

Response: CA COMPLETED Date of Completion: 09/13/2023

Operator Comment: Fence was removed from location

ECMC Decision: _____

ECMC
Representative:

2 CA# 180544

Corrective Action: Securely fasten all valves, pipes, fittings, and Production Facilities to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 608.e.

Date: 09/23/2023

Response: CA COMPLETED

Date of Completion: 09/13/2023

Operator
Comment: Plug has been installed

Plug has been installed

ECMC Decision: _____

ECMC
Representative:

3 CA# 180545

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

Date: 11/09/2023

Response: CA COMPLETED

Date of Completion: 09/13/2023

Operator
Comment: Sign has been installed

Sign has been installed

ECMC Decision: _____

ECMC
Representative:

4 CA# 180546

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

Date: 11/09/2023

Response: CA COMPLETED

Date of Completion: 09/13/2023

Operator
Comment: Sign has been installed

Sign has been installed

ECMC Decision: _____

ECMC
Representative:

5 CA# 180547

Corrective Action: Operator shall update the pit location (including accurate latitude and longitude) within an updated Form 15.

Date: 10/09/2023

Response: CA COMPLETED

Date of Completion: 09/18/2023

Operator
Comment: Operator is in process to research historical Google Earth to try and determine actual historic location of pit. Operator at time of inspection had submitted Form 27 Doc# 403510308 8/25/23 to start process to close pit. Included in Form 27 Doc# 403510305 were statements that operator was unable to locate registered pit. There is no current indication of pit at registered location or within vicinity of wellhead or meter shed. Operator asks inspector or her supervisors for guidance if unable to locate pit location as operator does not want to submit knowingly incorrect data on Form 15

Operator is in process to research historical Google Earth to try and determine actual historic location of pit. Operator at time of inspection had submitted Form 27 Doc# 403510308 8/25/23 to start process to close pit. Included in Form 27 Doc# 403510305 were statements that operator was unable to locate registered pit. There is no current indication of pit at registered location or within vicinity of wellhead or meter shed. Operator asks inspector or her supervisors for guidance if unable to locate pit location as operator does not want to submit knowingly incorrect data on Form 15

ECMC Decision: _____

ECMC
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 Specialisst

Date: 9/18/2023 3:43:01 PM

ATTACHMENT LIST

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

Document Number **Description**

403533652	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files