

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:
403793465

Date Received:
05/16/2024

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: 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

ECMC INSPECTION SUMMARY:

FIR Document Number: 698601965
Inspection Date: 04/11/2024 FIR Submit Date: 04/29/2024 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: 304784

Location Name: BROWN-61N45W Number: 32SENW County: YUMA
Qtrqtr: SENW Sec: 32 Twp: 1N Range: 45W Meridian: 6
Latitude: 40.012140 Longitude: -102.428210

FACILITY - API Number: 05-125- -00 Facility ID: 274970

Facility Name: BROWN Number: 22-32
Qtrqtr: SENW Sec: 32 Twp: 1N Range: 45W Meridian: 6
Latitude: 40.012140 Longitude: -102.428210

CORRECTIVE ACTIONS:

1 CA# 194788

Corrective Action: Control and contain spills/releases and clean up per Rule 912.a. Date: 05/30/2024

Response: CA COMPLETED Date of Completion: 04/30/2024

Operator Comment: Packing was replaced

ECMC Decision: _____

ECMC
Representative:

2 CA# 194789

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 603.c.(12).

Date: 04/12/2024

Response: CA COMPLETED

Date of Completion: 04/30/2024

Operator
Comment: Packing was replaced

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 Specialist

Date: 5/16/2024 11:48:56 AM

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>
403793465	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files