

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:
403899351

Date Received:
08/26/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC Operator Number: 10575

Name of Operator: 8 NORTH LLC

Address: 555 17TH STREET SUITE 3700

City: DENVER State: CO Zip: 80202

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Luke Kelly

970-939-6353

lkelly@civiresources.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 696301302

Inspection Date: 02/12/2020

FIR Submit Date: 02/12/2020

FIR Status: _____

Inspected Operator Information:

Company Name: 8 NORTH LLC

Company Number: 10575

Address: 370 17TH STREET SUITE 5300

City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 302854

Location Name: FABRIZIUS-611N61W Number: 28NWSE County: WELD

Qtrqtr: NWSE Sec: 28 Twp: 11N Range: 61W Meridian: 6

Latitude: 40.891110 Longitude: -104.208140

FACILITY - API Number: 05-123- -00 Facility ID: 301233

Facility Name: FABRIZIUS Number: 28-42

Qtrqtr: NWSE Sec: 28 Twp: 11N Range: 61W Meridian: 6

Latitude: 40.891110 Longitude: -104.208140

CORRECTIVE ACTIONS:

1 CA# 136515

Corrective Action: For localized stained soils or oily waste - "Properly dispose of oily waste in accordance with 907.e."
Securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 605.d.

Date: 03/13/2020

Response: CA COMPLETED

Date of Completion: 07/23/2024

Operator Comment: Operator has provided photo evidence showing that the stained soil at the wellhead has been addressed in compliance with the 900 and 600 series.

ECMC Decision: _____

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: CA follow-up has been completed for this location.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Ashley Noonan

Signed: _____

Title: Sr Regulatory Analyst

Date: 8/26/2024 9:21:27 PM

ATTACHMENT LIST

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

Document Number **Description**

403901294	Inspection Report Resolution
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Total Attach: 1 Files