

State of Colorado
Energy & Carbon Management Commission



Document Number:
403911429

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

Date Received:
09/05/2024

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: 44390

Name of Operator: JAVERNICK OIL

Address: 3040 E MAIN

City: CANON CITY State: CO Zip: 81212

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
Javernick, James	719-275-3040/719-671-3787	javernick1@gmail.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 713601276

Inspection Date: 08/05/2024 FIR Submit Date: 08/06/2024 FIR Status: _____

Inspected Operator Information:

Company Name: JAVERNICK OIL Company Number: 44390

Address: 3040 E MAIN

City: CANON CITY State: CO Zip: 81212

LOCATION - Location ID: 322263

Location Name: SCHMIDT, WARREN-619S69W Number: 17NWSE County: FREMONT

Qtrqr: NWSE Sec: 17 Twp: 19S Range: 69W Meridian: 6

Latitude: 38.396030 Longitude: -105.131080

FACILITY - API Number: 05-043-00 Facility ID: 210083

Facility Name: SCHMIDT, WARREN Number: J

Qtrqr: NWSE Sec: 17 Twp: 19S Range: 69W Meridian: 6

Latitude: 38.396030 Longitude: -105.131080

CORRECTIVE ACTIONS:

1 CA# 197459

Corrective Action: Comply with 1004 Rules. Remove all debris and reclaim disturbed area.
Comply with Rule 912 and remove impacted soils. Date: _____

Response: CA COMPLETED Date of Completion: 08/29/2024

Operator Comment: Operator's crew removed pieces of wood and 2 pieces of pipe that had been identified on inspection, doc #713601278. After removal, crew raked surface and reseeded with approved seeding and mulched area with straw (see photos in Attachments tab).

ECMC Decision: _____

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective actions to remove debris from subject well was accomplished on 8/28/24.

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

Print Name: Jim Javernick

Signed: _____

Title: Owner / Operator

Date: 9/5/2024 3:27:58 PM

ATTACHMENT LIST

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

Document Number **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files