

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:
403933408

Date Received:
09/26/2024

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: 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

Kyle Waggoner

kyle.waggoner@state.co.us

Dolezal, Pat

pat.dolezal@ownresources.com

Krystal Heibel

krystal.heibel@state.co.us

ECMC INSPECTION SUMMARY:

FIR Document Number: 709100400

Inspection Date: 09/10/2024

FIR Submit Date: 09/17/2024

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: 304498

Location Name: STALLINGS-61N47W Number: 12NENW County: _____

Qtrqtr: NENW Sec: 12 Twp: 1N Range: 47W Meridian: 6

Latitude: 40.073040 Longitude: -102.579670

FACILITY - API Number: 05-125- -00 Facility ID: 304498

Facility Name: STALLINGS-61N47W Number: 12NENW

Qtrqtr: NENW Sec: 12 Twp: 1N Range: 47W Meridian: 6

Latitude: 40.073040 Longitude: -102.579670

CORRECTIVE ACTIONS:

1 CA# 198818

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

Date: 10/17/2024

Response: CA COMPLETED

Date of Completion: 09/24/2024

Operator
Comment:

Buildup of hydrocarbons on wellhead is lubrication grease and is normal operating for lubrication of polish rod and stuffing box packing.. It is not a spill or release of E&P waste, produced fluids or unauthorized release of natural gas that would meet criteria of Rules 912.b.(1),H, I, J.

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: 9/26/2024 7:29:30 AM

ATTACHMENT LIST

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

Document Number **Description**

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Total Attach: 0 Files