

State of Colorado
Energy & Carbon Management Commission



Document Number:
403933408

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

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
<u>Kyle Waggoner</u>		<u>kyle.waggoner@state.co.us</u>
<u>Dolezal, Pat</u>		<u>pat.dolezal@ownresources.com</u>
<u>Krystal Heibel</u>		<u>krystal.heibel@state.co.us</u>

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.

<u>Document Number</u>	<u>Description</u>
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Total Attach: 0 Files