

State of Colorado
Energy & Carbon Management Commission



Document Number:

403933853

Date Received:

09/26/2024

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

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

Krystal Heibel

krystal.heibel@state.co.us

Kyle Waggoner

kyle.waggoner@state.co.us

Dolezal, Pat

pat.dolezal@ownresources.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 709100406

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: 304317

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

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

Latitude: 40.073670 Longitude: -102.575050

FACILITY - API Number: 05-125- -00 Facility ID: 304317

Facility Name: STALLINGS-61N47W Number: 12NWNE

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

Latitude: 40.073670 Longitude: -102.575050

CORRECTIVE ACTIONS:

1 CA# 198817

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 608.e.

Date: 10/17/2024

Response: CA COMPLETED

Date of Completion: 09/24/2024

Area foreman inspected location and found that all valves, pipes, fittings and production facilities with no issues found. This location is inspected on regular intervals and is in good mechanical condition.

Operator
Comment:

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 7:32:43 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>
403935118	Location photo

Total Attach: 1 Files