

State of Colorado
Energy & Carbon Management Commission



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Document Number:
403941908

Date Received:
10/01/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:
3 of 3 CAs from the FIR responded to on this Form
3 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC Operator Number: 10017
Name of Operator: CHACO ENERGY COMPANY
Address: P O BOX 1587
City: DENVER State: CO Zip: 80201
Contact Name and Telephone:
Name:
Phone: () Fax: ()
Email:

Additional Operator Contact:

Contact Name	Phone	Email
KURT	303-744-1480	kurt@chacoenergy.com
Nelson, Matt	303-981-3840	matt@chacoenergy.com
Nelson, Alan	(405) 942-3751/(405)623-7677	chaco@swbell.net

ECMC INSPECTION SUMMARY:

FIR Document Number: 709100380
Inspection Date: 08/28/2024 FIR Submit Date: 09/05/2024 FIR Status:

Inspected Operator Information:

Company Name: CHACO ENERGY COMPANY Company Number: 10017
Address: P O BOX 1587
City: DENVER State: CO Zip: 80201

LOCATION - Location ID: 477358

Location Name: Writebol SW pump Number: County:
Qtrqtr: SENE Sec: 31 Twp: 8N Range: 53W Meridian: 6
Latitude: 40.619948 Longitude: -103.339255

FACILITY - API Number: 05-075- -00 Facility ID: 477358

Facility Name: Writebol SW pump Number:
Qtrqtr: SENE Sec: 31 Twp: 8N Range: 53W Meridian: 6
Latitude: 40.619948 Longitude: -103.339255

CORRECTIVE ACTIONS:

1 CA# 198389

Corrective Action: Repair or install berms or other secondary containment devices Date: 10/15/2024

Response: CA COMPLETED Date of Completion: 09/20/2024

Operator Comment: Berms repaired.

ECMC Decision: _____

ECMC Representative: _____

2 CA# 198390

Corrective Action: Control and contain spills/releases and clean up per Rule 912.a. & Inspect, maintain and repair tanks to comply with rule 609.b.

Date: 10/02/2024

Response: CA COMPLETED

Date of Completion: 09/13/2024

Operator Comment: Spots of oil cleaned off of tank.

ECMC Decision: _____

ECMC Representative: _____

3 CA# 198391

Corrective Action: Comply with Rule 902.b to install or repair wildlife protection equipment.

Date: 10/05/2024

Response: CA COMPLETED

Date of Completion: 09/13/2024

Operator Comment: Net installed.

ECMC Decision: _____

ECMC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: All corrective actions have been completed.

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

Print Name: Matt Nelson

Signed: _____

Title: Operations Manager

Date: 10/1/2024 2:12:28 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