

State of Colorado
Energy & Carbon Management Commission

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Document Number:

403909764

Date Received:

09/04/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC Operator Number: 10690

Name of Operator: IMPETRO RESOURCES LLC

Address: 558 CASTLE PINES PKWY UNIT B-4

City: CASTLE PINES State: CO Zip: 80108

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

Bongers, Brent

361-935-5633

bbongers@impetroresources.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 709100343

Inspection Date: 06/26/2024

FIR Submit Date: 07/09/2024

FIR Status: _____

Inspected Operator Information:

Company Name: IMPETRO RESOURCES LLC

Company Number: 10690

Address: 558 CASTLE PINES PKWY UNIT B-4

City: CASTLE PINES State: CO Zip: 80108

LOCATION - Location ID: 317278

Location Name: CHANDLER-62N49W

Number: 15NWNE

County: _____

Qtrqtr: NWNE Sec: 15 Twp: 2N Range: 49W Meridian: 6

Latitude: 40.145840 Longitude: -102.840590

FACILITY - API Number: 05-121-

-00

Facility ID: 317278

Facility Name: CHANDLER-62N49W

Number: 15NWNE

Qtrqtr: NWNE Sec: 15 Twp: 2N Range: 49W Meridian: 6

Latitude: 40.145840 Longitude: -102.840590

CORRECTIVE ACTIONS:

1 CA# 196600

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

Date: 07/26/2024

Response: CA COMPLETED

Date of Completion: 07/12/2024

Operator
Comment:

Stained soil has been cleaned and properly disposed of per Rule 912.a.

ECMC Decision:

ECMC Representative:

2

CA# 196601

Corrective Action:

Install or repair wildlife protection equipment.

Date:

07/26/2024

Response:

CA COMPLETED

Date of Completion:

07/12/2024

Operator Comment:

Wildlife protection equipment have been installed at secondary containment around poly-tanks.

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:

Amber Barnett

Signed:

Title:

Compliance Specialist

Date:

9/4/2024 2:57:01 PM

ATTACHMENT LIST

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

Document Number	Description
403909764	FIR RESOLUTION SUBMITTED
403909774	Photolog

Total Attach: 2 Files