

State of Colorado
Energy & Carbon Management Commission



Document Number:
403968892

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

Date Received:
10/24/2024

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: 6720
Name of Operator: ROBERT L BAYLESS PRODUCER LLC
Address: 707 17TH STREET SUITE 2950
City: DENVER State: CO Zip: 80202
Contact Name and Telephone:
Name:
Phone: () Fax: ()
Email:

Additional Operator Contact:

Contact Name	Phone	Email
.	505-326-2659	notices@rbayless.com
Thomas, John	505-326-2659	jthomas@rbayless.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 714001304
Inspection Date: 10/03/2024 FIR Submit Date: 10/07/2024 FIR Status:

Inspected Operator Information:

Company Name: ROBERT L BAYLESS PRODUCER LLC Company Number: 6720
Address: 621 17TH ST STE 2300
City: DENVER State: CO Zip: 80293

LOCATION - Location ID: 313594

Location Name: NORTH MAIL TRAIL-N35N20W Number: 15NWNW County:
Qtrqr: NWN Sec: 15 Twp: 35N Range: 20W Meridian: N
Latitude: 37.295680 Longitude: -109.041690

FACILITY - API Number: 05-083-00 Facility ID: 313594

Facility Name: NORTH MAIL TRAIL-N35N20W Number: 15NWNW
Qtrqr: NWN Sec: 15 Twp: 35N Range: 20W Meridian: N
Latitude: 37.295680 Longitude: -109.041690

CORRECTIVE ACTIONS:

1 CA# 199358

Corrective Action: Repair or install berms or other secondary containment devices per Rule 912.d.(1). Date: 10/27/2024
Response: CA COMPLETED Date of Completion: 10/23/2024

Removed the oil barrel from location

Operator _____
Comment: _____

ECMC Decision: _____

ECMC Representative: _____

2 CA# 199359

Corrective Action: Maintain equipment and clean up impacted material and dispose per Rule 906 and 1002.

Date: 10/12/2024

Response: CA COMPLETED

Date of Completion: 10/23/2024

Operator Comment: Removed the stained soil from around the pump jack muffler

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: Trudy Cundiff

Signed: _____

Title: Regulatory Compliance

Date: 10/24/2024 11:00:27 AM

ATTACHMENT LIST

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

Document Number	Description
403968916	Field Response Photos

Total Attach: 1 Files