

State of Colorado
Energy & Carbon Management Commission



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Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:
403990215

Date Received:
11/11/2024

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: 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
Bongers, Brent bbongers@impetroresources.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 715201001
Inspection Date: 09/25/2024 FIR Submit Date: 09/25/2024 FIR Status:

Inspected Operator Information:

Company Name: INVESTMENT EQUIPMENT LLC Company Number: 10330
Address: 558 CASTLE PINES PKWY UNIT B-4
City: CASTLE PINES State: CO Zip: 80108

LOCATION - Location ID: 426029

Location Name: TRADE WINDS Number: 2-21 County: KIOWA
Qtrqtr: SWSE Sec: 21 Twp: 18S Range: 47W Meridian: 6
Latitude: 38.471100 Longitude: -102.682400

FACILITY - API Number: 05-061-00 Facility ID: 426030

Facility Name: TRADE WINDS Number: 2-21
Qtrqtr: SWSE Sec: 21 Twp: 18S Range: 47W Meridian: 6
Latitude: 38.471100 Longitude: -102.682400

CORRECTIVE ACTIONS:

1 CA# 199024
Corrective Action: Repair or install berms or other secondary containment devices per Rule 603.o. Date: 10/25/2024
Response: CA COMPLETED Date of Completion: 10/25/2024
Operator Comment: Berms have been repaired around locations.
ECMC Decision:

ECMC
Representative:

2 CA# 199025

Corrective Action: Install sign to comply with Rule 605.h.

Date: 10/25/2024

Response: CA COMPLETED

Date of Completion: 10/25/2024

Operator
Comment: Stickers on tanks have replaced .

ECMC Decision: _____

ECMC
Representative:

3 CA# 199026

Corrective Action: Comply with Rule 606

Date: 10/25/2024

Response: CA COMPLETED

Date of Completion: 10/25/2024

Operator
Comment: Tubing and unused equipment has been properly removed from location.

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: 11/11/2024 3:37:24 PM

ATTACHMENT LIST

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

Document Number	Description
403990215	FIR RESOLUTION SUBMITTED
403990220	Photolog

Total Attach: 2 Files