

# State of Colorado Energy & Carbon Management Commission



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

Document Number:  
403998175

Date Received:  
11/18/2024

## 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: 69805  
Name of Operator: PETROX RESOURCES INC  
Address: 12600 W COLFAX AVENUE #C-440  
City: LAKEWOOD State: CO Zip: 80215

Contact Name and Telephone:  
Name: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_

Additional Operator Contact:

Contact Name	Phone	Email
<u>Clark, Mike</u>	<u>(970)216-0757</u>	<u>mike.petrox@gmail.com</u>
<u>Nystrom, Dusty</u>	<u>(505)330-1328</u>	<u>nystrw@yahoo.com</u>
<u>Clark, Ryan</u>	<u>(303)803-3998</u>	<u>ryan@petrox-resources.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 714001434  
Inspection Date: 11/01/2024 FIR Submit Date: 11/08/2024 FIR Status: \_\_\_\_\_

Inspected Operator Information:

Company Name: PETROX RESOURCES INC Company Number: 69805  
Address: 12600 W COLFAX AVENUE #C-440  
City: LAKEWOOD State: CO Zip: 80215

LOCATION - Location ID: 320887

Location Name: CANDELARIA 10U-M34N5W Number: 10SWSW County: \_\_\_\_\_  
Qtrqtr: SWS Sec: 10 Twp: 34N Range: 5W Meridian: M  
W  
Latitude: 37.201659 Longitude: -107.386615

FACILITY - API Number: 05-007- -00 Facility ID: 320887

Facility Name: CANDELARIA 10U-M34N5W Number: 10SWSW  
Qtrqtr: SWS Sec: 10 Twp: 34N Range: 5W Meridian: M  
W  
Latitude: 37.201659 Longitude: -107.386615

CORRECTIVE ACTIONS:

**1** CA# 200350

Corrective Action: Comply with rule 1004.e, treat/remove weeds. Date: 11/15/2024

Response: CA COMPLETED Date of Completion: 11/12/2024

Weeds were sprayed 11/12/2024. Weeds will be re-sprayed Spring 2025 when the forest gates back open to the public on 5/1/2025. Weeds were sprayed Spring of 2024 and Fall of 2024 as well as on the 11/12/2024.

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: Ryan Clark

Signed:

Title: V.P. Engineering

Date: 11/18/2024 1:54:16 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

<b><u>Document Number</u></b>	<b><u>Description</u></b>

Total Attach: 0 Files