

State of Colorado
Energy & Carbon Management Commission



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Document Number:
404063719

Date Received:
01/20/2025

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: 95620
Name of Operator: WESTERN OPERATING COMPANY
Address: 1165 DELAWARE STREET #200
City: DENVER State: CO Zip: 80204

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

Additional Operator Contact:

Contact Name	Phone	Email
JAMES STEVEN D		steve@westernoperating.com
Reid, Marta		marta@westernoperating.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 690203297
Inspection Date: 08/10/2022 FIR Submit Date: 08/12/2022 FIR Status:

Inspected Operator Information:

Company Name: WESTERN OPERATING COMPANY Company Number: 95620
Address: 1165 DELAWARE STREET #200
City: DENVER State: CO Zip: 80204

LOCATION - Location ID: 324796

Location Name: HARRISON-619S45W Number: 9SWSE County: KIOWA
Qtrqtr: SWSE Sec: 9 Twp: 19S Range: 45W Meridian: 6
Latitude: 38.413690 Longitude: -102.461280

FACILITY - API Number: 05-061-00 Facility ID: 212660

Facility Name: HARRISON Number: 4
Qtrqtr: SWSE Sec: 9 Twp: 19S Range: 45W Meridian: 6
Latitude: 38.413690 Longitude: -102.461280

CORRECTIVE ACTIONS:

1 CA# 163914

Corrective Action: Repair or install berms or other secondary containment devices per Rule 912.d.(1). Date: 09/02/2022

Response: CA COMPLETED Date of Completion: 11/01/2022

Operator Comment: Per Inspection 701006920 "The berm has been built up larger but material was not compacted for adequate permeability."

ECMC Decision:

ECMC
Representative:

2 CA# 163915

Corrective Action:

Date: 08/26/2022

Response: CA COMPLETED

Date of Completion: 11/01/2022

Operator
Comment:

ECMC Decision: _____

ECMC
Representative:

3 CA# 163916

Corrective Action:

Date: 09/02/2022

Response: CA COMPLETED

Date of Completion: 11/01/2022

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: Amber Barnett

Signed: _____

Title: Compliance Specialist

Date: 1/20/2025 4:16:44 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