

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:

404067184

Date Received:

01/23/2025

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: 10699

Name of Operator: OWN RESOURCES OPERATING LLC

Address: 305 S RIDGE STREET #6279

City: BRECKENRIDGE State: CO Zip: 80424

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Pesicka, Conor

conor.pesicka@state.co.us

Dolezal, Pat

970-332-3585

pat.dolezal@ownresources.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 698602650

Inspection Date: 11/25/2024

FIR Submit Date: 12/03/2024

FIR Status: _____

Inspected Operator Information:

Company Name: OWN RESOURCES OPERATING LLC

Company Number: 10699

Address: 305 S RIDGE STREET #6279

City: BRECKENRIDGE State: CO Zip: 80424

LOCATION - Location ID: 337431

Location Name: CONRAD-63N46W Number: 1NWNE County: YUMA

Qtrqtr: NWNE Sec: 1 Twp: 3N Range: 46W Meridian: 6

Latitude: 40.262520 Longitude: -102.459930

FACILITY - API Number: 05-125- -00 Facility ID: 285763

Facility Name: CONRAD Number: 31-1 3N46W

Qtrqtr: NWNE Sec: 1 Twp: 3N Range: 46W Meridian: 6

Latitude: 40.262520 Longitude: -102.459930

CORRECTIVE ACTIONS:

1 CA# 200793

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

Date: 01/03/2025

Response: CA COMPLETED

Date of Completion: 01/07/2025

Operator
Comment:

New sign was installed

ECMC Decision: _____

ECMC Representative:			
2	CA# 200794		
Corrective Action:	Install sign to comply with Rule 605.a.		Date: <u>01/03/2025</u>
Response:	CA COMPLETED	Date of Completion: <u>01/07/2025</u>	
Operator Comment:	New sign was installed		
ECMC Decision:			
ECMC Representative:			

<u>OPERATOR COMMENT AND SUBMITTAL</u>	
Comment:	
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.	
Print Name: <u>Pat Dolezal</u>	Signed: _____
Title: <u>Regulatory Specialist</u>	Date: <u>1/23/2025 9:44:06 AM</u>

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
404067184	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files