

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:

404074923

Date Received:

01/30/2025

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: 39560

Name of Operator: TOP OPERATING COMPANY

Address: 3609 S WADSWORTH BLVD STE 340

City: LAKEWOOD State: CO Zip: 80235

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

HERRING, PAUL

Phone

(303) 727-9915

Email

paul.herring@topoperating.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 697504004

Inspection Date: 06/09/2022

FIR Submit Date: 06/28/2022

FIR Status: _____

Inspected Operator Information:

Company Name: TOP OPERATING COMPANY

Company Number: 39560

Address: 3609 S WADSWORTH BLVD STE 340

City: LAKEWOOD State: CO Zip: 80235

LOCATION - Location ID: 319329

Location Name: MAYEDA, JOHN Y.-62N68W Number: 6SESW County: _____

Qtrqtr: SESW Sec: 6 Twp: 2N Range: 68W Meridian: 6

Latitude: 40.161906 Longitude: -105.047618

FACILITY - API Number: 05-123- -00 Facility ID: 319329

Facility Name: MAYEDA, JOHN Y.-62N68W Number: 6SESW

Qtrqtr: SESW Sec: 6 Twp: 2N Range: 68W Meridian: 6

Latitude: 40.161906 Longitude: -105.047618

CORRECTIVE ACTIONS:

1 CA# 162976

Corrective Action: Comply with Rule 1004. Collaborate with the landowner to determine mitigating measures that will allow reclamation work to be conducted in such a manner as to not interfere with agricultural activities or crop production.

Date: 06/09/2022

The corrective date is the date the location was observed out of compliance.

Response: CA COMPLETED

Date of Completion: 06/09/2022

Operator
Comment:

Form 4 (Document #404031870) has been submitted for Final Reclamation Closure.

ECMC Decision: _____

ECMC
Representative:

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OPERATOR COMMENT AND SUBMITTAL

Comment:

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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: 1/30/2025 9:45:09 AM

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>
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Total Attach: 0 Files