

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:

404092524

Date Received:

02/13/2025

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: 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

Dolezal, Pat

970-332-3585

pat.dolezal@ownresources.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 698603007

Inspection Date: 01/13/2025

FIR Submit Date: 01/18/2025

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: 304652

Location Name: KORF-65N47W Number: 25NWNE County: YUMA

Qtrqtr: NWNE Sec: 25 Twp: 5N Range: 47W Meridian: 6

Latitude: 40.377430 Longitude: -102.556960

FACILITY - API Number: 05-125-00 Facility ID: 269774

Facility Name: KORF Number: 4-25

Qtrqtr: NWNE Sec: 25 Twp: 5N Range: 47W Meridian: 6

Latitude: 40.377430 Longitude: -102.556960

CORRECTIVE ACTIONS:

1 CA# 201880

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

Date: 02/19/2025

Response: CA COMPLETED

Date of Completion: 02/06/2025

Operator Comment: Updated stickers have been applied to well sign

ECMC Decision: _____

ECMC Representative: _____

2 CA# 201881

Corrective Action: Install sign to comply with Rule 605.a. Date: 02/19/2025

Response: CA COMPLETED Date of Completion: 02/06/2025

Operator Comment: Updated stickers have been applied to well sign

ECMC Decision: _____

ECMC Representative: _____

3 CA# 201882

Corrective Action: Install sign to comply with Rule 605.a. Date: 02/19/2025

Response: CA COMPLETED Date of Completion: 02/06/2025

Operator Comment: Updated stickers have been applied to well sign

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: Pat Dolezal Signed: _____

Title: Regulatory Specialist Date: 2/13/2025 11:20:45 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