

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:

404165564

Date Received:

04/15/2025

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: 10841

Name of Operator: AMERICAN HELIUM LLC

Address: 23501 CINCO RANCH BLVD, B244

City: KATY State: TX Zip: 77494

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Joyner, Ryan

970.385.6289

rjoyner@blm.gov

Browning, Chuck

970-433-4139

chuck.browning@state.co.us

Roberts, Jake

jroberts@americanhelium.us

Labowskie, Steve

steve.labowskie@state.co.us

ECMC INSPECTION SUMMARY:

FIR Document Number: 693807847

Inspection Date: 10/22/2024

FIR Submit Date: 10/23/2024

FIR Status: _____

Inspected Operator Information:

Company Name: AMERICAN HELIUM OPERATING LLC

Company Number: 10841

Address: 600 TRAVIS STREET SUITE 5050

City: HOUSTON

State: TX

Zip: 77002

LOCATION - Location ID: 316830

Location Name: HORSE RANGE FEDERAL-
N44N19W

Number: 19SENE

County: SAN MIGUEL

Qtrqr: SENE

Sec: 19

Twp: 44N

Range: 19W

Meridian: N

Latitude: 38.064670

Longitude: -108.997510

FACILITY - API Number: 05-113-

-00

Facility ID: 263816

Facility Name: HORSE RANGE FEDERAL

Number: 19-24

Qtrqr: SENE

Sec: 19

Twp: 44N

Range: 19W

Meridian: N

Latitude: 38.064670

Longitude: -108.997510

CORRECTIVE ACTIONS:

1 CA# 199970

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

Date: 11/22/2024

Response: CA COMPLETED

Date of Completion: 04/09/2025

Operator Comment:	Sign installed
ECMC Decision: _____	
ECMC Representative:	

2 CA# 199971

Corrective Action:	Install sign to comply with Rule 605.d.	Date: 11/22/2024
Response:	CA COMPLETED	Date of Completion: 04/09/2025
Operator Comment:	Sign updated and installed	
ECMC Decision: _____		
ECMC Representative:		

3 CA# 199972

Corrective Action:	Submit Form 17 as directed by Rule 419.c	Date: 11/22/2024
Response:	CA COMPLETED	Date of Completion: 04/10/2025
Operator Comment:	Bradenhead form 17 submitted	
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: Trish Harrison Signed: _____

Title: Consultant Date: 4/15/2025 12:38:00 PM

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>
404165586	Form 17 submittal
404165588	Entrance sign

Total Attach: 2 Files