

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:

404195398

Date Received:

05/08/2025

## 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
<u>Browning, Chuck</u>	<u>970-433-4139</u>	<u>chuck.browning@state.co.us</u>
<u>Labowskie, Steve</u>		<u>steve.labowskie@state.co.us</u>
<u>Joyner, Ryan</u>	<u>970.385.6289</u>	<u>rjoyner@blm.gov</u>

### ECMC INSPECTION SUMMARY:

FIR Document Number: 693808312

Inspection Date: 04/04/2025

FIR Submit Date: 04/11/2025

FIR Status: \_\_\_\_\_

#### Inspected Operator Information:

Company Name: AMERICAN HELIUM LLC

Company Number: 10841

Address: 23501 CINCO RANCH BLVD, B244

City: KATY State: TX Zip: 77494

#### LOCATION - Location ID: 316849

Location Name: FOSSIL FEDERAL-N44N16W Number: 20NWNW County: SAN MIGUEL

Qtrqtr: NWN Sec: 20 Twp: 44N Range: 16W Meridian: N

Latitude: 38.063864 Longitude: -108.667353

#### FACILITY - API Number: 05-113-00 Facility ID: 273021

Facility Name: FOSSIL FEDERAL Number: 6-19

Qtrqtr: NWN Sec: 20 Twp: 44N Range: 16W Meridian: N

Latitude: 38.063864 Longitude: -108.667353

### CORRECTIVE ACTIONS:

1 CA# 204027

Corrective Action: Inspect, maintain and repair tanks to comply with rule 609.b.  
If tank is to be removed, stop work until Form 27 is approved. Contact COGCC EPS  
staff for directives per Rule 911.a.

Date: 04/25/2025

Response: CA COMPLETED

Date of Completion: 05/01/2025

Operator Comment:	Tank removed
ECMC Decision: _____	
ECMC Representative:	

**2** CA# 204028

Corrective Action:	Install sign to comply with Rule 605.h.	Date: <u>04/25/2025</u>
Response:	CA COMPLETED	Date of Completion: <u>05/01/2025</u>
Operator Comment:	Tank is removed negating the requirement for signage	
ECMC Decision: _____		
ECMC Representative:		

**3** CA# 204029

Corrective Action:	Submit Form 17 as directed by Rule 419.c	Date: <u>05/12/2025</u>
Response:	CA COMPLETED	Date of Completion: <u>05/06/2025</u>
Operator Comment:	BH test completed 5/6/2025	
ECMC Decision: _____		
ECMC Representative:		

**OPERATOR COMMENT AND SUBMITTAL**

Comment: Corrective actions complete

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: 5/8/2025 11:16:20 AM

### ATTACHMENT LIST

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

Document Number	Description
404195487	Photo
404195495	Photo
404195497	Photo
404195589	Form 17 bradenhead test

Total Attach: 4 Files