

State of Colorado
Energy & Carbon Management Commission



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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
W
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
W
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: 04/25/2025

Response: CA COMPLETED

Date of Completion: 05/01/2025

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: 05/12/2025

Response: CA COMPLETED

Date of Completion: 05/06/2025

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
404195398	FIR RESOLUTION SUBMITTED
404195487	Photo
404195495	Photo
404195497	Photo
404195589	Form 17 bradenhead test

Total Attach: 5 Files