

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:
404198597

Date Received:
05/10/2025

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: 710
Name of Operator: AEON ENERGY CORP
Address: 2600 SOUTH LEWIS WAY #102
City: LAKEWOOD State: CO Zip: 80227

Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Engineering</u>		<u>dnr_ecmc_engineering@state.co.us</u>
<u>Snyder, Barry</u>	<u>303-922-0590</u>	<u>aeonco@aol.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 698602130
Inspection Date: 06/17/2024 FIR Submit Date: 06/24/2024 FIR Status: _____

Inspected Operator Information:

Company Name: AEON ENERGY CORP Company Number: 710
Address: 2600 SOUTH LEWIS WAY #102
City: LAKEWOOD State: CO Zip: 80227

LOCATION - Location ID: 399613

Location Name: PRATT-611N47W Number: 1SESE County: SEDGWICK
Qtrqtr: SESE Sec: 1 Twp: 11N Range: 47W Meridian: 6
Latitude: 40.955850 Longitude: -102.539210

FACILITY - API Number: 05-115- -00 Facility ID: 232914

Facility Name: PRATT Number: 1R
Qtrqtr: SESE Sec: 1 Twp: 11N Range: 47W Meridian: 6
Latitude: 40.955850 Longitude: -102.539210

CORRECTIVE ACTIONS:

1 CA# 196105

Corrective Action: Install appropriate fittings to allow bradenhead visual inspection as per Rule 419.a.(1), (2). Date: 07/08/2024

Response: CA COMPLETED Date of Completion: 03/05/2025

Operator Comment: FITTINGS INSTALLED

ECMC Decision: _____

ECMC
Representative:

2 CA# 196106

Corrective Action:

Date: 07/08/2024

Response: CA COMPLETED

Date of Completion: 03/05/2025

Operator
Comment:

ECMC Decision: _____

ECMC
Representative:

3 CA# 196107

Corrective Action:

Date: 07/08/2024

Response: CA COMPLETED

Date of Completion: 03/05/2025

Operator
Comment:

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: BARRY L. SNYDER

Signed: _____

Title: PRESIDENT

Date: 5/10/2025 4:35:38 PM

ATTACHMENT LIST

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

Document Number **Description**

404198597	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files