

**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:  
404272847

Date Received:  
07/09/2025

## FIR RESOLUTION FORM

### Overall Status:

#### CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed  
0 Factual Review Request

### OPERATOR INFORMATION

ECMC Operator Number: 10844  
Name of Operator: QB ENERGY OPERATING LLC  
Address: 1001 17TH STREET SUITE 1600  
City: DENVER State: CO Zip: 80202  
Contact Name and Telephone:  
Name: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_

#### Additional Operator Contact:

| Contact Name           | Phone | Email                                 |
|------------------------|-------|---------------------------------------|
| <u>QB Energy</u>       |       | <u>ecmc.inspections@qb-energy.com</u> |
| <u>Longworth, Mike</u> |       | <u>mike.longworth@state.co.us</u>     |

### ECMC INSPECTION SUMMARY:

FIR Document Number: 708906765  
Inspection Date: 07/01/2025 FIR Submit Date: 07/01/2025 FIR Status: \_\_\_\_\_

#### Inspected Operator Information:

Company Name: QB ENERGY OPERATING LLC Company Number: 10844  
Address: 1001 17TH STREET SUITE 1600  
City: DENVER State: CO Zip: 80202

#### LOCATION - Location ID: 334650

Location Name: SHAEFFER-67S93W Number: 12SWSE County: \_\_\_\_\_  
Qtrqtr: SWSE Sec: 12 Twp: 7S Range: 93W Meridian: 6  
Latitude: 39.453870 Longitude: -107.722920

#### FACILITY - API Number: 05-045-00 Facility ID: 334650

Facility Name: SHAEFFER-67S93W Number: 12SWSE  
Qtrqtr: SWSE Sec: 12 Twp: 7S Range: 93W Meridian: 6  
Latitude: 39.453870 Longitude: -107.722920

### CORRECTIVE ACTIONS:

**1** CA# 205884

Corrective Action: Comply with CECMC 600 & 1100 series rules Date: 05/31/2025

Response: CA COMPLETED Date of Completion: 07/03/2025

Operator Comment: Replaced tag on valve.

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: Justin Johnson

Signed:

Title: Compliance

Date: 7/9/2025 12:12:56 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

|           |                |
|-----------|----------------|
| 404272850 | RESPONSE PHOTO |
|-----------|----------------|

Total Attach: 1 Files