

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402554025

Date Received:

12/15/2020

FIR RESOLUTION FORM

Overall Status: FRQ

CA Summary:

1 of 2 CAs from the FIR responded to on this Form

0 CA Completed
1 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10433

Name of Operator: LARAMIE ENERGY LLC

Address: 1401 17TH STREET SUITE #1400

City: DENVER State: CO Zip: 80202

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Christina Pierce

970-263-3626

cpierce@Laramie-Energy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 696202118

Inspection Date: 12/08/2020

FIR Submit Date: 12/11/2020

FIR Status: _____

Inspected Operator Information:

Company Name: LARAMIE ENERGY LLC

Company Number: 10433

Address: 1401 17TH STREET SUITE #1400

City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 383337

Location Name: Cascade Creek Number: 608-43-31 County: _____

Qtrqr: NESE Sec: 8 Twp: 6S Range: 97W Meridian: 6

Latitude: 39.536176 Longitude: -108.237584

FACILITY - API Number: 05-045- -00 Facility ID: 383337

Facility Name: Cascade Creek Number: 608-43-31

Qtrqr: NESE Sec: 8 Twp: 6S Range: 97W Meridian: 6

Latitude: 39.536176 Longitude: -108.237584

CORRECTIVE ACTIONS:

2 CA# 145055

Corrective Action: Comply with Rule 1002.f.(2) and install BMPs in accordance with good engineering practices. Temporary controls will be required by 1/11/2021 until interim reclamation of the Location is conducted, at which point long-term controls will need to be implemented.

Date: 01/11/2021

Response: FACTUAL REVIEW REQUEST

Basis for Review: Corrective action dates are not attainable

Operator Comment: The attached stormwater report from Aspen places the entire CC Mountain area into winter exclusion. Laramie is requesting to delayed the corrective action date until spring.

COGCC Decision: _____

COGCC
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: Christina Pierce

Signed: _____

Title: Engineering Tech

Date: 12/15/2020 8:51:20 AM

ATTACHMENT LIST

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

Document Number **Description**

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Total Attach: 1 Files