

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:
402293360

Date Received:
01/23/2020

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

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

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10433

Name of Operator: LARAMIE ENERGY LLC

Address: 1001 17TH STREET #1900

City: DENVER State: CO Zip: 80202

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Joan Proulx

970-263-3641

jproulx@laramie-energy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 675001383

Inspection Date: 11/27/2018

FIR Submit Date: 11/29/2018

FIR Status: _____

Inspected Operator Information:

Company Name: LARAMIE ENERGY LLC

Company Number: 10433

Address: 1401 SEVENTEENTH STREET #1400

City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 312544

Location Name: Horseshoe Canyon Number: 4-21 Pad County: MESA

Qtrqr: SWNE Sec: 21 Twp: 9S Range: 97W Meridian: 6

Latitude: 39.262536 Longitude: -108.220773

FACILITY - API Number: 05-077- -00 Facility ID: 221884

Facility Name: HORSESHOE CANYON Number: 4-21

Qtrqr: SWNE Sec: 21 Twp: 9S Range: 97W Meridian: 6

Latitude: 39.262536 Longitude: -108.220773

CORRECTIVE ACTIONS:

1 ☒ CA# 120679

Corrective Action: Location is within a designated setback location, mark guy line anchors per Rule 604.c. (2)Q.

Date: 12/14/2018

Response: CA COMPLETED

Date of Completion: 12/05/2018

Operator Comment: Deadman has been marked.

COGCC Decision: Approved pending re-inspection

COGCC
Representative:

2 ☒ CA# 120680

Corrective Action: Comply with Rule 603.f .

Date: 02/27/2019

Response: CA COMPLETED

Date of Completion: 12/05/2018

Operator
Comment: Riser has been tagged.

COGCC Decision: Approved pending re-inspection

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: Joan Proulx

Signed: _____

Title: Regulatory Analyst

Date: 1/23/2020 2:50:38 PM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
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402293360	FIR RESOLUTION SUBMITTED
402293364	HSC 4-21 Pad Photo

Total Attach: 2 Files