

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:
403347387

Date Received:
03/16/2023

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 3 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: 1700 LINCOLN ST STE 3950

City: DENVER State: CO Zip: 80203

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

LARAMIE

cogccnotifications@laramie-energy.com

Kellerby, Shaun

shaun.kellerby@state.co.us

Byers, Jim

jbyers@blm.gov

COGCC INSPECTION SUMMARY:

FIR Document Number: 708300178

Inspection Date: 03/13/2023

FIR Submit Date: 03/13/2023

FIR Status: _____

Inspected Operator Information:

Company Name: LARAMIE ENERGY LLC

Company Number: 10433

Address: 1700 LINCOLN ST STE 3950

City: DENVER State: CO Zip: 80203

LOCATION - Location ID: 432260

Location Name: Homer Deep Unit Number: 9-41 County: GARFIELD

Qtrqr: NENE Sec: 9 Twp: 8S Range: 98W Meridian: 6

Latitude: 39.379651 Longitude: -108.323212

FACILITY - API Number: 05-045-00 Facility ID: 432261

Facility Name: Homer Deep Unit Number: 9-41AH

Qtrqr: NENE Sec: 9 Twp: 8S Range: 98W Meridian: 6

Latitude: 39.379651 Longitude: -108.323212

CORRECTIVE ACTIONS:

1 CA# 168075

Corrective Action: Display legible meter calibration record in conspicuous location

Date: 03/23/2023

Response: CA COMPLETED

Date of Completion: 03/15/2023

Operator Comment: We have confirmed that we have a legible meter calibration record on our gas meter and have provided written consent to the compliance operators to enter our gas houses with proper equipment.

COGCC Decision: _____

COGCC
Representative:

3 CA# 168077

Corrective Action: Cap/plug load lines

Date: 03/28/2023

Response: CA COMPLETED

Date of Completion: 03/15/2023

Operator
Comment:

We have capped the open lines

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: Lori Muhr

Signed: _____

Title: Regulatory Specialist

Date: 3/16/2023 6:29:49 AM

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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403347388	CA Photos
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Total Attach: 1 Files