

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:
403413034

Date Received:
05/25/2023

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

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

1 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
<u>Kellerby, Shaun</u>		<u>shaun.kellerby@state.co.us</u>
<u>Ferrin, Jeremy</u>		<u>jeremy.ferrin@state.co.us</u>
<u>Byers, Jim</u>		<u>jbyers@blm.gov</u>
<u>LARAMIE</u>		<u>cogccnotifications@laramie-energy.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 708300406
Inspection Date: 05/09/2023 FIR Submit Date: 05/11/2023 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: 312514

Location Name: Horseshoe Canyon Federal Number: 1-33 Pad County: _____
Qtrqr: SENW Sec: 33 Twp: 9S Range: 97W Meridian: 6
Latitude: 39.232483 Longitude: -108.224903

FACILITY - API Number: 05-077-00 Facility ID: 312514

Facility Name: Horseshoe Canyon Federal Number: 1-33 Pad
Qtrqr: SENW Sec: 33 Twp: 9S Range: 97W Meridian: 6
Latitude: 39.232483 Longitude: -108.224903

CORRECTIVE ACTIONS:

1 CA# 170848

Corrective Action: Oil and gas operators shall implement and maintain Best Management Practices (BMPs) at all oil and gas locations to comply with Rule 1002 Date: 05/26/2023

Response: CA COMPLETED Date of Completion: 05/25/2023

Stormwater issues have been addressed.

Operator
Comment:

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: Lori Muhr

Signed: _____

Title: Regulatory Specialist

Date: 5/25/2023 8:41:57 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>
403413034	FIR RESOLUTION SUBMITTED
403413036	CA Photos

Total Attach: 2 Files