

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:

403561411

Date Received:

10/16/2023

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 4 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

COGCC INSPECTION SUMMARY:

FIR Document Number: 696205263

Inspection Date: 09/19/2023

FIR Submit Date: 09/21/2023

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: 335647

Location Name: Cascade Creek (CC) Number: 0603-23-32 County: _____

Qtrqtr: NESW Sec: 3 Twp: 6S Range: 97W Meridian: 6

Latitude: 39.548442 Longitude: -108.210463

FACILITY - API Number: 05-045-00 Facility ID: 335647

Facility Name: Cascade Creek (CC) Number: 0603-23-32

Qtrqtr: NESW Sec: 3 Twp: 6S Range: 97W Meridian: 6

Latitude: 39.548442 Longitude: -108.210463

CORRECTIVE ACTIONS:

3 CA# 181744

Corrective Action: Operator shall submit, attached to a Form 4 Sundry notice, calculations showing the amount of topsoil resource lost on the Location due to improper segregation activities.

Date: 07/14/2023

Response: CA COMPLETED

Date of Completion: 10/02/2023

Operator Comment: Doc# 403546862 has been submitted.

COGCC Decision: _____

COGCC Representative:	
4	CA# 181745 Corrective Action: Comply with 1002.f and 1002.c Date: <u>10/17/2022</u> Response: CA COMPLETED Date of Completion: <u>10/11/2023</u> Operator Comment: This CA has been addressed. COGCC Decision: _____ COGCC Representative:

<u>OPERATOR COMMENT AND SUBMITTAL</u>	
Comment:	
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete. Print Name: <u>Lori Muhr</u> Signed: _____ Title: <u>Regulatory Specialist</u> Date: <u>10/16/2023 10:24:42 AM</u>	

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>
403561422	CA Photo

Total Attach: 1 Files