

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:
403783156

Date Received:
05/08/2024

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

ECMC 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

ECMC INSPECTION SUMMARY:

FIR Document Number: 708302106

Inspection Date: 04/24/2024

FIR Submit Date: 04/30/2024

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: 324315

Location Name: CC Number: 0610-22-43 County: _____
Pad

Qtrqtr: SEnw Sec: 10 Twp: 6S Range: 97W Meridian: 6

Latitude: 39.539277 Longitude: -108.207040

FACILITY - API Number: 05-045- -00 Facility ID: 324315

Facility Name: CC Number: 0610-22-43
Pad

Qtrqtr: SEnw Sec: 10 Twp: 6S Range: 97W Meridian: 6

Latitude: 39.539277 Longitude: -108.207040

CORRECTIVE ACTIONS:

1 ☒ CA# 194806

Corrective Action: Protect or remove soil stockpiles; 1002.f.(2): Oil and gas operators shall implement and maintain Best Management Practices (BMPs) at all oil and gas locations to control Stormwater runoff in a manner that minimizes erosion, transport of sediment offsite, and site degradation. BMPs shall be maintained until the facility is abandoned and final reclamation is achieved pursuant to Rule 1004.

Date: 05/15/2024

Response: CA COMPLETED

Date of Completion: 05/07/2024

Corrective action has been completed

Operator _____
Comment: _____

ECMC Decision: Approved pending re-inspection

ECMC
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: 5/8/2024 9:04:45 AM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
403783156	FIR RESOLUTION SUBMITTED
403783159	CA Photos

Total Attach: 2 Files