

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:

403842413

Date Received:

07/01/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

3 of 3 CAs from the FIR responded to on this Form

3 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC Operator Number: 10805

Name of Operator: FULCRUM ENERGY OPERATING LLC

Address: 240 SAINT PAUL STREET SUITE 502

City: DENVER State: CO Zip: 80206

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Fulcrum

inspections@fulcrumeo.com

Ross, Rikki

970-896-5665

rikki.ross@fulcrumeo.com

Penner, annalee

annalee@fulcrumef.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 707800943

Inspection Date: 05/01/2024

FIR Submit Date: 05/10/2024

FIR Status: _____

Inspected Operator Information:

Company Name: FULCRUM ENERGY OPERATING LLC

Company Number: 10805

Address: 240 SAINT PAUL STREET SUITE 502

City: DENVER State: CO Zip: 80206

LOCATION - Location ID: 413908

Location Name: Hebron

Number: 3-12H

County: _____

Qtrqtr: NENE

Sec: 12

Twp: 7N

Range: 81W

Meridian: 6

Latitude: 40.596919

Longitude: -106.426358

FACILITY - API Number: 05-057-

-00

Facility ID: 413908

Facility Name: Hebron

Number: 3-12H

Qtrqtr: NENE

Sec: 12

Twp: 7N

Range: 81W

Meridian: 6

Latitude: 40.596919

Longitude: -106.426358

CORRECTIVE ACTIONS:

1 CA# 195095

Corrective Action: Remove stored equipment, put into service or provide proper documentation to keep on location.

Date: 06/28/2024

Response: CA COMPLETED

Date of Completion: 06/17/2024

Operator Comment: Stored equipment has been removed from location.

ECMC Decision: _____

ECMC
Representative:

2 CA# 195096

Corrective Action: Evacuate fluids in containments to provide adequate space in case of a spill

Date: 05/27/2024

Response: CA COMPLETED

Date of Completion: 06/17/2024

Operator
Comment: Fluids have been evacuated from containment.

ECMC Decision: _____

ECMC
Representative:

3 CA# 195097

Corrective Action: Provide proper signage

Date: 06/28/2024

Response: CA COMPLETED

Date of Completion: 06/26/2024

Operator
Comment: API number has been added to signs.

ECMC Decision: _____

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: Rikki Ross

Signed: _____

Title: EHS Field Advisor

Date: 7/1/2024 6:29:39 PM

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>
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Total Attach: 0 Files