

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:
403973162

Date Received:
10/29/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 4 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: 696206347

Inspection Date: 09/27/2024

FIR Submit Date: 10/04/2024

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: 334426

Location Name: Gunderson Number: 29-09 Pad County: _____

Qtrqtr: SENE Sec: 29 Twp: 9S Range: 93W Meridian: 6

Latitude: 39.248406 Longitude: -107.788322

FACILITY - API Number: 05-077- -00 Facility ID: 334426

Facility Name: Gunderson Number: 29-09 Pad

Qtrqtr: SENE Sec: 29 Twp: 9S Range: 93W Meridian: 6

Latitude: 39.248406 Longitude: -107.788322

CORRECTIVE ACTIONS:

4 CA# 199342

Corrective Action: Comply with Rule 1002.f and install or repair required stormwater and erosion control BMPs in accordance with good engineering practices, in order to stabilize the slopes, and to minimize erosion, degradation and sediment transport. Ensure erosion controls are implemented to stabilize the seeded soils upon completion of additional reclamation work.

Date: 11/05/2024

Response: CA COMPLETED

Date of Completion: 10/28/2024

Operator
Comment:

BMPS have been repaired. Location raked, seeded and wattles placed

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: Lori Muhr

Signed: _____

Title: Regulatory Analyst

Date: 10/29/2024 7:08:43 AM

ATTACHMENT LIST

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

Document Number **Description**

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Total Attach: 0 Files