

State of Colorado
Energy & Carbon Management Commission



Document Number:
403979359

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Date Received:
11/01/2024

FIR RESOLUTION FORM

Overall Status:

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: 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
		wes.corliss@fulcrumeo.com
		annalee@fulcrumef.com
		kris.neidel@state.co.us
		alex.fischer@state.co.us
		inspections@fulcrumeo.com
		scott.ramsey@state.co.us

ECMC INSPECTION SUMMARY:

FIR Document Number: 697505289
Inspection Date: 04/16/2024 FIR Submit Date: 05/17/2024 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: 463987

Location Name: PRU Alcorn Number: 0880 S10 Pad County: _____
Qtrqr: NWNE Sec: 10 Twp: 8N Range: 80W Meridian: 6
Latitude: 40.685589 Longitude: -106.357169

FACILITY - API Number: 05-057-00 Facility ID: 463987

Facility Name: PRU Alcorn Number: 0880 S10 Pad
Qtrqr: NWNE Sec: 10 Twp: 8N Range: 80W Meridian: 6
Latitude: 40.685589 Longitude: -106.357169

CORRECTIVE ACTIONS:

1 CA# 195275

Corrective Action:

Date: 06/28/2024

In order to come into compliance with Rule 1003.b., Operator shall submit a variance hearing application per Rule 502 and 503 regarding the 2017 Policy mentioned above.

Staff will email Operator guidance documents to help in the variance hearing application.

Response: CA COMPLETED

Date of Completion: 07/31/2024

Operator
Comment:

Fulcrum Energy Operating filed an interim reclamation variance on 7/31/2024.

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: 11/1/2024 11:44:26 AM

ATTACHMENT LIST

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

Document Number **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files