

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:
404025377

Date Received:
12/12/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 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

Katz, Aaron

aaron.katz@state.co.us

ECMC INSPECTION SUMMARY:

FIR Document Number: 718100015

Inspection Date: 11/12/2024

FIR Submit Date: 12/02/2024

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: 442549

Location Name: Piceance Number: 28-10 Pad County: _____

Qtrqtr: NESW Sec: 28 Twp: 9S Range: 93W Meridian: 6

Latitude: 39.246733 Longitude: -107.774864

FACILITY - API Number: 05-077- -00 Facility ID: 442549

Facility Name: Piceance Number: 28-10 Pad

Qtrqtr: NESW Sec: 28 Twp: 9S Range: 93W Meridian: 6

Latitude: 39.246733 Longitude: -107.774864

CORRECTIVE ACTIONS:

1 CA# 200759

Corrective Action: Stop leaks at the wells- Securely fasten all valves, pipes, fittings, and Production Facilities to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 608.e.

Date: 11/19/2024

Response: CA COMPLETED

Date of Completion: 11/28/2024

Operator Comment: Wellhead bubbling has been fixed.

ECMC Decision: _____

ECMC Representative:

2

CA# 200760

Corrective Action:

Comply with Rule 1002.f

Date: 11/22/2024

Response:

CA COMPLETED

Date of Completion: 12/11/2024

Operator Comment:

BMPS have been stabalized.

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: 12/12/2024 8:08:40 AM

ATTACHMENT LIST

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

Document Number	Description
404025377	FIR RESOLUTION SUBMITTED
404025389	CA Photos

Total Attach: 2 Files