

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:
404092474

Date Received:
02/13/2025

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

Kellerby, Shaun

shaun.kellerby@state.co.us

LARAMIE

cogccnotifications@laramie-energy.com

Haverkamp, Curtis

curtis.haverkamp@state.co.us

DNR

dnr_cogccengineering@state.co.us

Toews, Wesley

wtoews@blm.gov

ECMC INSPECTION SUMMARY:

FIR Document Number: 713400648

Inspection Date: 01/23/2025

FIR Submit Date: 01/25/2025

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: 429734

Location Name: WHF Number: D17 998 County: _____

Qtrqtr: NWN Sec: 17 Twp: 9S Range: 98W Meridian: 6

Latitude: 39.277469 Longitude: -108.358933

FACILITY - API Number: 05-077-00 Facility ID: 429734

Facility Name: WHF Number: D17 998

Qtrqtr: NWN Sec: 17 Twp: 9S Range: 98W Meridian: 6

Latitude: 39.277469 Longitude: -108.358933

CORRECTIVE ACTIONS:

1 CA# 201988

Corrective Action: Contact CECMC Engineering group to discuss observed compliance issues.

Date: 02/01/2025

Response: CA COMPLETED

Date of Completion: 04/18/2024

Operator Comment: Document # 404069873 has been submitted.

ECMC Decision: _____

ECMC Representative: _____

2 CA# 201989

Corrective Action: Comply with CECMC Storm water rules

Date: 01/28/2025

Response: CA COMPLETED

Date of Completion: 01/28/2025

Operator Comment: containment was pulled

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: 2/13/2025 11:07:21 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>
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404092485	CA PHOTO
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Total Attach: 1 Files