

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:
404264886

Date Received:
07/02/2025

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

Lutz, Deborah

debbie.lutz@state.co.us

.Laramie

cogccnotifications@laramie-energy.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 718100623

Inspection Date: 06/21/2025

FIR Submit Date: 06/26/2025

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: 452807

Location Name: CC Number: 0697-03-07 Pad County: _____

Qtrqr: Lot 11 Sec: 3 Twp: 6S Range: 97W Meridian: 6

Latitude: 39.558439 Longitude: -108.205081

FACILITY - API Number: 05-045-00 Facility ID: 452807

Facility Name: CC Number: 0697-03-07 Pad

Qtrqr: Lot 11 Sec: 3 Twp: 6S Range: 97W Meridian: 6

Latitude: 39.558439 Longitude: -108.205081

CORRECTIVE ACTIONS:

1 CA# 205818

Corrective Action: Comply with Rule 605.h

Date: 07/26/2025

Response: CA COMPLETED

Date of Completion: 07/01/2025

Operator Comment: Chemical tanks were removed.

ECMC Decision: _____

ECMC
Representative: _____

2 CA# 205819

Corrective Action: Comply with Rule 1002.f- install or repair BMPs in accordance with good engineering practices.

Date: 07/03/2025

Response: CA COMPLETED

Date of Completion: 07/01/2025

Operator
Comment:

Stormwater issues have been corrected, detailed photos are attached. outlets have been properly engineered.

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 Specialist

Date: 7/2/2025 10:15:51 AM

ATTACHMENT LIST

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

Document Number **Description**

404264886	FIR RESOLUTION SUBMITTED
404264912	CA Photos

Total Attach: 2 Files