

State of Colorado
Oil and Gas Conservation Commission

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



Document Number:
403073554

Date Received:
06/09/2022

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

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

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC 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
<u>Arauzo, Steven</u>		<u>steven.arauza@state.co.us</u>
<u>Kasten, Matt</u>		<u>mkasten@laramie-energy.com</u>
<u>Fischer, Alex</u>		<u>alex.fischer@state.co.us</u>
<u>.Laramie</u>		<u>cogccnotifications@laramie-energy.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 696203743

Inspection Date: 06/07/2022

FIR Submit Date: 06/08/2022

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: 312537

Location Name: HARVEY-610S96W Number: 19NESW County: _____

Qtrqtr: NESW Sec: 19 Twp: 10S Range: 96W Meridian: 6

Latitude: 39.172320 Longitude: -108.151410

FACILITY - API Number: 05-077-00 Facility ID: 312537

Facility Name: HARVEY-610S96W Number: 19NESW

Qtrqtr: NESW Sec: 19 Twp: 10S Range: 96W Meridian: 6

Latitude: 39.172320 Longitude: -108.151410

CORRECTIVE ACTIONS:

2 CA# 162543

Corrective Action: Comply with Rule 911 for pit. Contact West Environmental Supervisor Alex Fischer regarding Form 27, sampling, remediation and pit closure requirements by 6/10/2022

Date: 06/10/2022

Response: CA COMPLETED

Date of Completion: 06/09/2022

Communication with Alex Fischer completed about site and Form 27 is being drafted for Pit 116513.

Operator
Comment:

COGCC Decision: Approved

COGCC
Representative:

Confirmed communication w/ A. Fischer.

OPERATOR COMMENT AND SUBMITTAL

Comment: CA: updated with notes.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Matt Kasten

Signed: _____

Title: Project Manager

Date: 6/9/2022 9:49:29 AM

ATTACHMENT LIST

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

Document Number **Description**

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FIR RESOLUTION SUBMITTED

Total Attach: 1 Files