

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:
403203770

Date Received:
10/20/2022

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 4 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
Laramie	970-248-0497	cogccnotifications@laramie-energy.com
Lori Muhr	970-263-3626	LMuhr@Laramie-Energy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 696204259

Inspection Date: 10/17/2022

FIR Submit Date: 10/18/2022

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: 335482

Location Name: Shell Number: 0797-03B Pad County: _____

Qtrqtr: NWNE Sec: 3 Twp: 7S Range: 97W Meridian: 6

Latitude: 39.478389 Longitude: -108.202260

FACILITY - API Number: 05-045- -00 Facility ID: 335482

Facility Name: Shell Number: 0797-03B Pad

Qtrqtr: NWNE Sec: 3 Twp: 7S Range: 97W Meridian: 6

Latitude: 39.478389 Longitude: -108.202260

CORRECTIVE ACTIONS:

4 CA# 165404

Corrective Action: Due to the nature of the erosion and degradation issues observed, the "date of inspection" is being provided as the CA date.

Install or repair required BMPs per Rule 1002.f. Ensure BMPs are installed in accordance with good engineering requirements, and maintained in proper functioning condition.

Date: 10/17/2022

Response: CA COMPLETED

Date of Completion: 10/19/2022

Operator Comment: Stabilized cut slope and containment berm. Also Horrowed seed, removed eronion on cut slope and applied straw mulch/liquid amenities

COGCC Decision: _____

COGCC 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: 10/20/2022 12:39:56 PM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
403203782	Corrective Action Report/Photos
403203783	Corrective Action Report/Photos

Total Attach: 2 Files