

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:
403413725

Date Received:
05/25/2023

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

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

cogccnotifications@laramie-energy.com

Kellerby, Shaun

shaun.kellerby@state.co.us

COGCC INSPECTION SUMMARY:

FIR Document Number: 708300474

Inspection Date: 05/23/2023

FIR Submit Date: 05/24/2023

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: 450760

Location Name: Nichols Number: 24-07 County: MESA

Qtrqr: SENW Sec: 24 Twp: 9S Range: 94W Meridian: 6

Latitude: 39.263389 Longitude: -107.830861

FACILITY - API Number: 05-077-00 Facility ID: 450763

Facility Name: Nichols Number: 0994-24-10W

Qtrqr: SENW Sec: 24 Twp: 9S Range: 94W Meridian: 6

Latitude: 39.263389 Longitude: -107.830861

CORRECTIVE ACTIONS:

1 CA# 171447

Corrective Action: Remove debris from location to comply with Rule 606

Date: 05/31/2023

Response: CA COMPLETED

Date of Completion: 05/25/2023

Operator Comment:

Debris has been removed

COGCC Decision: _____

COGCC
Representative:

2 CA# 171448

Corrective Action: Oil and gas operators shall implement and maintain Best Management Practices (BMPs) at all oil and gas locations to comply with Rule 1002.

Date: 06/08/2023

Response: CA COMPLETED

Date of Completion: 05/25/2023

Operator
Comment:

Stormwater issues have been repaired

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: 5/25/2023 1:28:20 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>
403413728	CA Photos

Total Attach: 1 Files