

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:

403476814

Date Received:

07/26/2023

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

COGCC INSPECTION SUMMARY:

FIR Document Number: 698100293

Inspection Date: 07/04/2023

FIR Submit Date: 07/07/2023

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: 449070

Location Name: Gunderson Number: 20-03 Pad County: _____

Qtrqtr: NENW Sec: 20 Twp: 9S Range: 93W Meridian: 6

Latitude: 39.266756 Longitude: -107.795281

FACILITY - API Number: 05-077- -00 Facility ID: 449070

Facility Name: Gunderson Number: 20-03 Pad

Qtrqtr: NENW Sec: 20 Twp: 9S Range: 93W Meridian: 6

Latitude: 39.266756 Longitude: -107.795281

CORRECTIVE ACTIONS:

1 CA# 174821

Corrective Action: Remove and properly dispose of non-E&P Waste per Rule 906.

Date: 08/06/2023

Response: CA COMPLETED

Date of Completion: 07/25/2023

Operator
Comment:

Non E&P waste ahs been removed

COGCC Decision: _____

COGCC
Representative: _____

2 CA# 174822

Corrective Action: Securely fasten all valves, pipes, fittings, and Production Facilities to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 608.e.

Date: 08/06/2023

Response: CA COMPLETED

Date of Completion: 07/12/2023

Operator
Comment: Spill issues have been addressed

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: 7/26/2023 9:41:27 AM

ATTACHMENT LIST

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

Document Number **Description**

403476816	CA Photos
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Total Attach: 1 Files