

State of Colorado
Energy & Carbon Management Commission



Document Number:
403511821

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

Date Received:
08/28/2023

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 5 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
<u>Arauz, Steven</u>		<u>steven.arauza@state.co.us</u>
<u>. Laramie</u>		<u>cogccnotifications@laramie-energy.com</u>
<u>Fischer, Alex</u>		<u>alex.fischer@state.co.us</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 696205104
Inspection Date: 07/14/2023 FIR Submit Date: 07/19/2023 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: 383264

Location Name: Cascade Creek (CC) Number: 0610-21-41 County: _____
Qtrqtr: NENW Sec: 10 Twp: 6S Range: 97W Meridian: 6
Latitude: 39.544325 Longitude: -108.207010

FACILITY - API Number: 05-045-00 Facility ID: 383264

Facility Name: Cascade Creek (CC) Number: 0610-21-41
Qtrqtr: NENW Sec: 10 Twp: 6S Range: 97W Meridian: 6
Latitude: 39.544325 Longitude: -108.207010

CORRECTIVE ACTIONS:

3 CA# 175862

Corrective Action: Comply with Rule 1002.f and Form 2A COAs. Date: 07/14/2023

Response: CA COMPLETED Date of Completion: 08/24/2023

Operator Comment: Cuttings have been properly bermed and stored correctly. Storm water control measures have been implemented.

COGCC Decision: _____

COGCC Representative: _____

4 CA# 175863

Corrective Action: Contact NW EPS Arauza.

Date: 07/14/2023

Response: CA COMPLETED

Date of Completion: 08/17/2023

Operator Comment: NW EPS has been contacted, form 19 pending closure

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: 8/28/2023 10:11:36 AM

ATTACHMENT LIST

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

Document Number **Description**

403511953

CA Photos

Total Attach: 1 Files