

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:

403347414

Date Received:

03/16/2023

## 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

Kellerby, Shaun

shaun.kellerby@state.co.us

LARAMIE

cogccnotifications@laramie-energy.com

Byers, Jim

jbyers@blm.gov

### COGCC INSPECTION SUMMARY:

FIR Document Number: 708300185

Inspection Date: 03/14/2023

FIR Submit Date: 03/14/2023

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: 436835

Location Name: Homer Deep Unit Number: 7-23 County: GARFIELD

Qtrqr: NESW Sec: 7 Twp: 8S Range: 98W Meridian: 6

Latitude: 39.372020 Longitude: -108.369706

### FACILITY - API Number: 05-045- -00 Facility ID: 437387

Facility Name: Homer Deep Unit Number: 7-23AH

Qtrqr: NESW Sec: 7 Twp: 8S Range: 98W Meridian: 6

Latitude: 39.372020 Longitude: -108.369706

### CORRECTIVE ACTIONS:

1 ☒ CA# 168139

Corrective Action: Display legible gas meter calibration record in a conspicuous location to comply with Rule 430.d.(2)

Date: 03/24/2023

Response: CA COMPLETED

Date of Completion: 03/14/2023

Operator Comment: We have confirmed that we have a legible meter calibration record on our gas meter and have provided written consent to the compliance operators to enter our gas houses with proper equipment.

COGCC Decision: Approved pending re-inspection

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: 3/16/2023 7:06:04 AM

**ATTACHMENT LIST**

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

**Document Number      Description**

403347414	FIR RESOLUTION SUBMITTED
403347415	CA Photos

Total Attach: 2 Files