

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
<u>Kellerby, Shaun</u>		<u>shaun.kellerby@state.co.us</u>
<u>LARAMIE</u>		<u>cogccnotifications@laramie-energy.com</u>
<u>Byers, Jim</u>		<u>jbyers@blm.gov</u>

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.

<u>Document Number</u>	<u>Description</u>
403347414	FIR RESOLUTION SUBMITTED
403347415	CA Photos

Total Attach: 2 Files