

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:
403561142

Date Received:
10/16/2023

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 1 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

Schlagenhauf, Mark

mark.schlagenhauf@state.co.us

COGCC, Laramie

970-248-0497

cogccnotifications@laramie-energy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 701103808

Inspection Date: 08/17/2023

FIR Submit Date: 08/29/2023

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: 324288

Location Name: CC Number: 0616-21-32 Pad County: _____

Qtrqtr: SENW Sec: 16 Twp: 6S Range: 97W Meridian: 6

Latitude: 39.525690 Longitude: -108.228311

FACILITY - API Number: 05-045-00 Facility ID: 324288

Facility Name: CC Number: 0616-21-32 Pad

Qtrqtr: SENW Sec: 16 Twp: 6S Range: 97W Meridian: 6

Latitude: 39.525690 Longitude: -108.228311

CORRECTIVE ACTIONS:

1 CA# 179925

Corrective Action:

Comply with Rule 606
Ensure flowline(s) are isolated and depressurized; associated wells and isolation valves are SI/ OOSLAT to prevent unintentional release per 1102.j.7
Identify and report flowlines status, purpose and where the lines end at.
Work with CECMC Flowline Integrity group to Abandon flowlines in accordance of Rule 1105

Date: 09/30/2023

Response: CA COMPLETED

Date of Completion: 09/08/2023

Operator Comment: Flowlines have been addressed and corrected.

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: 10/16/2023 7:40:13 AM

ATTACHMENT LIST

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

Document Number **Description**

403561144	CA Photos
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Total Attach: 1 Files