

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:
403561150

Date Received:
10/16/2023

FIR RESOLUTION FORM

Overall Status: CAC

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
<u>COGCC, Laramie</u>	<u>970-248-0497</u>	<u>cogccnotifications@laramie-energy.com</u>
<u>Schlagenhauf, Mark</u>		<u>mark.schlagenhauf@state.co.us</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 701103805
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: 335643

Location Name: Cascade Creek Number: 697-16-28 County: _____
Qtrqr: SENW Sec: 16 Twp: 6S Range: 97W Meridian: 6
Latitude: 39.524160 Longitude: -108.225175

FACILITY - API Number: 05-045-00 Facility ID: 335643

Facility Name: Cascade Creek Number: 697-16-28
Qtrqr: SENW Sec: 16 Twp: 6S Range: 97W Meridian: 6
Latitude: 39.524160 Longitude: -108.225175

CORRECTIVE ACTIONS:

1 CA# 179924

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: 10/06/2023

All Flowline issues have been addressed.

Operator
Comment:

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: 10/16/2023 7:54:23 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>
403561150	FIR RESOLUTION SUBMITTED
403561152	CA Photos
403561153	CA Photos

Total Attach: 3 Files