

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:  
403777322

Date Received:  
05/02/2024

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

ECMC 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

Laramie

cogccnotifications@laramie-energy.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 696205732

Inspection Date: 04/04/2024

FIR Submit Date: 04/11/2024

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: 312524

Location Name: Horseshoe Canyon Number: 1-21 Pad County:

Qtrqtr: SWS Sec: 21 Twp: 9S Range: 97W Meridian: 6  
W

Latitude: 39.253995 Longitude: -108.229054

FACILITY - API Number: 05-077-00 Facility ID: 312524

Facility Name: Horseshoe Canyon Number: 1-21 Pad

Qtrqtr: SWS Sec: 21 Twp: 9S Range: 97W Meridian: 6  
W

Latitude: 39.253995 Longitude: -108.229054

CORRECTIVE ACTIONS:

1 CA# 194209

Corrective Action: Comply with Rule 1004.e and 606.c. Ongoing weed management required until Location receives a passing final reclamation inspection.

Date: 06/15/2024

Response: CA COMPLETED

Date of Completion: 05/02/2024

Operator Comment: The HSC 1-21 pad is on a continual program that involves weed and stormwater management along with vegetation monitoring performed by 3rd party consultants. Once location is deemed over 80% for desirable vegetation, it will be requested for FAN. Until then it will be part of the ongoing maintenance programs listed.

ECMC Decision: \_\_\_\_\_

ECMC  
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 Specialsit

Date: 5/2/2024 1:00:02 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

403777322	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files