

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:

403777323

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

Toews, Wesley

wtoews@blm.gov

ECMC INSPECTION SUMMARY:

FIR Document Number: 696205736

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: 312622

Location Name: Horseshoe Canyon Number: 1-19 Pad County: _____

Qtrqtr: SENE Sec: 19 Twp: 9S Range: 97W Meridian: 6

Latitude: 39.261775 Longitude: -108.255036

FACILITY - API Number: 05-077- -00 Facility ID: 312622

Facility Name: Horseshoe Canyon Number: 1-19 Pad

Qtrqtr: SENE Sec: 19 Twp: 9S Range: 97W Meridian: 6

Latitude: 39.261775 Longitude: -108.255036

CORRECTIVE ACTIONS:

1 CA# 194210

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 1-19 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 Specialist

Date: 5/2/2024 12:58:29 PM

ATTACHMENT LIST

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

Document Number **Description**

403777323	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files