

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:
403809742

Date Received:
05/31/2024

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 |
|----------------------|-------|--|
| <u>. Laramie</u> | | <u>cogccnotifications@laramie-energy.com</u> |
| <u>Toews, Wesley</u> | | <u>wtoews@blm.gov</u> |

ECMC INSPECTION SUMMARY:

FIR Document Number: 696205726
Inspection Date: 04/04/2024 FIR Submit Date: 04/10/2024 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: 311744

Location Name: Horseshoe Canyon Number: 2 Pad County: _____
Qtrqtr: SWNE Sec: 29 Twp: 9S Range: 97W Meridian: 6
Latitude: 39.247637 Longitude: -108.239037

FACILITY - API Number: 05-077-00 Facility ID: 311744

Facility Name: Horseshoe Canyon Number: 2 Pad
Qtrqtr: SWNE Sec: 29 Twp: 9S Range: 97W Meridian: 6
Latitude: 39.247637 Longitude: -108.239037

CORRECTIVE ACTIONS:

1 CA# 194188

Corrective Action: Comply with ECMC 1004 Rules and conduct additional reclamation on the Location. Ensure erosion controls are implemented to stabilize the seeded soil, and continue to monitor and manage site until Final Reclamation has passed. Date: 05/31/2024

Response: CA COMPLETED Date of Completion: 05/31/2024

Operator Comment: We are coordinating with BLM for seeding. Once approved, the work will be completed within 7-10 days

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: 5/31/2024 11:51:50 AM

ATTACHMENT LIST

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

Document Number **Description**

| <u>Document Number</u> | <u>Description</u> |
|------------------------|--------------------|
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Total Attach: 0 Files