

State of Colorado Energy & Carbon Management Commission



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Document Number:
403843483

Date Received:
07/02/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

3 of 3 CAs from the FIR responded to on this Form

3 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC Operator Number: 10805
Name of Operator: FULCRUM ENERGY OPERATING LLC
Address: 240 SAINT PAUL STREET SUITE 502
City: DENVER State: CO Zip: 80206

Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Ross, Rikki</u>	<u>970-896-5665</u>	<u>rikki.ross@fulcrumeo.com</u>
<u>. Fulcrum</u>		<u>inspections@fulcrumeo.com</u>
<u>Penner, annalee</u>		<u>annalee@fulcrumef.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 707800929
Inspection Date: 05/01/2024 FIR Submit Date: 05/09/2024 FIR Status: _____

Inspected Operator Information:

Company Name: FULCRUM ENERGY OPERATING LLC Company Number: 10805
Address: 240 SAINT PAUL STREET SUITE 502
City: DENVER State: CO Zip: 80206

LOCATION - Location ID: 445005

Location Name: Surprise Unit 0680 Number: S9 County: _____
Qtrqtr: NENW Sec: 9 Twp: 6N Range: 80W Meridian: 6
Latitude: 40.509980 Longitude: -106.384040

FACILITY - API Number: 05-057-00 Facility ID: 445005

Facility Name: Surprise Unit 0680 Number: S9
Qtrqtr: NENW Sec: 9 Twp: 6N Range: 80W Meridian: 6
Latitude: 40.509980 Longitude: -106.384040

CORRECTIVE ACTIONS:

1 CA# 194997

Corrective Action: Provide proper labeling Date: 05/24/2024

Response: CA COMPLETED Date of Completion: 06/17/2024

Operator Comment: Labeling added to chemical tanks.

ECMC Decision: _____

ECMC Representative:

2 CA# 194998

Corrective Action: Provide proper signage

Date: 06/19/2024

Response: CA COMPLETED

Date of Completion: 06/26/2024

Operator Comment:

Tank is a condensate tank and does not require signage. The tank has been labeled 'Condensate' and 'Field Gas Liquid Knockout'.

ECMC Decision: _____

ECMC Representative:

3 CA# 194999

Corrective Action: Remove debris

Date: 05/24/2024

Response: CA COMPLETED

Date of Completion: 05/17/2024

Operator Comment:

Debris removed.

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: Rikki Ross

Signed: _____

Title: EHS Field Advisor

Date: 7/2/2024 1:22:49 PM

ATTACHMENT LIST

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

Document Number	Description

Total Attach: 0 Files