

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:
403843497

Date Received:
07/02/2024

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

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

ECMC INSPECTION SUMMARY:

FIR Document Number: 707800930
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: 436801

Location Name: Surprise Unit Number: 2-08H County: _____
Qtrqtr: NENE Sec: 8 Twp: 6N Range: 80W Meridian: 6
Latitude: 40.511158 Longitude: -106.391600

FACILITY - API Number: 05-057-00 Facility ID: 436801

Facility Name: Surprise Unit Number: 2-08H
Qtrqtr: NENE Sec: 8 Twp: 6N Range: 80W Meridian: 6
Latitude: 40.511158 Longitude: -106.391600

CORRECTIVE ACTIONS:

1 CA# 195000

Corrective Action: Provide proper signage Date: 06/26/2024

Response: CA COMPLETED Date of Completion: 06/26/2024

Operator Comment: Added API numbers to all signs.

ECMC Decision: Approved pending re-inspection

ECMC
Representative:

2 CA# 195001

Corrective Action: Remove debris

Date: 05/24/2024

Response: CA COMPLETED

Date of Completion: 06/05/2024

Operator
Comment:

Parts and debris removed from location.

ECMC Decision: Approved pending re-inspection

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 1:28:06 PM

ATTACHMENT LIST

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

Document Number **Description**

403843497	FIR RESOLUTION SUBMITTED
-----------	--------------------------

Total Attach: 1 Files