

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:

403963529

Date Received:

10/18/2024

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: 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

alex.fischer@state.co.us

chris.binschus@state.co.us

inspections@fulcrumeo.com

kris.neidel@state.co.us

wes.corliss@fulcrumeo.com

annalee@fulcrumef.com

scott.ramsey@state.co.us

ECMC INSPECTION SUMMARY:

FIR Document Number: 712300066

Inspection Date: 09/10/2024

FIR Submit Date: 10/11/2024

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: 449274

Location Name: Rabbit Ears 0681

Number: 23

County:

Qtrqtr: SWNE Sec: 23 Twp: 6N Range: 81W Meridian: 6

Latitude: 40.476982 Longitude: -106.454006

FACILITY - API Number: 05-057-

-00

Facility ID: 449274

Facility Name: Rabbit Ears 0681

Number: 23

Qtrqtr: SWNE Sec: 23 Twp: 6N Range: 81W Meridian: 6

Latitude: 40.476982 Longitude: -106.454006

CORRECTIVE ACTIONS:

1 CA# 199573

Corrective Action:

Date: 10/18/2024

Pursuant to Rule 210.a, submit documentation showing Surface Owner provided/approved the seed mixture/species used during reclamation.

Response: CA COMPLETED

Date of Completion: 09/11/2024

Operator Comment: Attached is the Rabbit Ears surface use agreement. Section 13 of the agreement outlines the reclamation requirements. FEO called the landowner who verbally approved the seed mixture used during reclamation.

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: 10/18/2024 5:27:26 PM

ATTACHMENT LIST

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

| <u>Document Number</u> | <u>Description</u> |
|------------------------|--------------------------|
| 403963529 | FIR RESOLUTION SUBMITTED |
| 403963530 | Surface Use Agreement |

Total Attach: 2 Files