

State of Colorado Energy & Carbon Management Commission



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Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:
404315971

Date Received:
08/13/2025

FIR RESOLUTION FORM

Overall Status:

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>Rikki Ross</u>	<u>970-896-5665</u>	<u>rikki.ross@fulcrumeo.com</u>
		<u>aaron.trujillo@state.co.us</u>
		<u>inspections@fulcrumeo.com</u>
		<u>annalee@fulcrumef.com</u>
		<u>j75rober@blm.gov</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 712300121
Inspection Date: 05/07/2025 FIR Submit Date: 06/04/2025 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: 416625

Location Name: Surprise-Damfino Number: S6 Pad County: _____
Qtrqr: Lot 11 Sec: 6 Twp: 6N Range: 80W Meridian: 6
Latitude: 40.512758 Longitude: -106.417277

FACILITY - API Number: 05-057-00 Facility ID: 416625

Facility Name: Surprise-Damfino Number: S6 Pad
Qtrqr: Lot 11 Sec: 6 Twp: 6N Range: 80W Meridian: 6
Latitude: 40.512758 Longitude: -106.417277

CORRECTIVE ACTIONS:

1 CA# 205307

Corrective Action: Comply with Rule 606. Date: 06/11/2025

Response: CA COMPLETED Date of Completion: 06/10/2025

Weed debris has been removed from location.

Operator Comment: _____

ECMC Decision: _____

ECMC Representative: _____

2 CA# 205308

Corrective Action: Comply with Rule 902.b.- install covers or other BMPs to prevent wildlife access to the tank equipment.

Date: 06/10/2025

Response: CA COMPLETED

Date of Completion: 06/10/2025

Operator Comment: Installed screen around the legs of the tank.

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: 8/13/2025 4:17:51 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