

State of Colorado
Energy & Carbon Management Commission



Document Number:
404472663

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Date Received:
12/15/2025

FIR RESOLUTION FORM

Overall Status:

CA Summary:
2 of 3 CAs from the FIR responded to on this Form
2 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
. Laramie cogccnotifications@laramie-energy.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 718100607
Inspection Date: 06/18/2025 FIR Submit Date: 06/20/2025 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: 324292

Location Name: CC Number: 0605-13-22 Pad County:
Qtrqtr: NWS Sec: 5 Twp: 6S Range: 97W Meridian: 6
Latitude: 39.548307 Longitude: -108.248671

FACILITY - API Number: 05-045-00 Facility ID: 324292

Facility Name: CC Number: 0605-13-22 Pad
Qtrqtr: NWS Sec: 5 Twp: 6S Range: 97W Meridian: 6
Latitude: 39.548307 Longitude: -108.248671

CORRECTIVE ACTIONS:

2 CA# 205782

Corrective Action: Operator shall provide documentation and figures showing the location of where the topsoil is being stored for reclamation efforts, and how much (cu. yards).

Date: 06/27/2025

Submit documentation to Reclamation Specialist attached to a Form 4 Sundry

Response: CA COMPLETED Date of Completion: 12/15/2025

Topsoil information will be submitted via form 4.

Operator Comment: _____

ECMC Decision: _____

ECMC Representative: _____

3 CA# 205783

Corrective Action: Comply with 1003 Rules. Date: _____

Response: CA COMPLETED Date of Completion: 12/12/2025

Operator Comment: Interim reclamation has been completed.

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: 12/15/2025 10:06:48 AM

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>
404472668	CA Photos

Total Attach: 1 Files