

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:
404595638

Date Received:
03/25/2026

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: 10777
Name of Operator: RAMPIKE RESOURCES LTD
Address: 730 17TH STREET SUITE 999
City: DENVER State: CO Zip: 80202

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

Additional Operator Contact:

Contact Name	Phone	Email
<u>Waggoner, Kyle</u>		<u>kyle.waggoner@state.co.us</u>
<u>Welsh, Brian</u>		<u>brian.welsh@state.co.us</u>
<u>MacLaren, Joe</u>		<u>joe.maclaren@state.co.us</u>
<u>Sharp, Neil</u>	<u>(720) 464-7603</u>	<u>nsharp@rampikeresources.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 710500757
Inspection Date: 03/19/2026 FIR Submit Date: 03/20/2026 FIR Status: _____

Inspected Operator Information:

Company Name: RAMPIKE RESOURCES LTD Company Number: 10777
Address: 730 17TH STREET SUITE 999
City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 324811

Location Name: PYLES-619S45W Number: 10SENW County: _____
Qtrqr: SENW Sec: 10 Twp: 19S Range: 45W Meridian: 6
Latitude: 38.420562 Longitude: -102.448074

FACILITY - API Number: 05-061-00 Facility ID: 324811

Facility Name: PYLES-619S45W Number: 10SENW
Qtrqr: SENW Sec: 10 Twp: 19S Range: 45W Meridian: 6
Latitude: 38.420562 Longitude: -102.448074

CORRECTIVE ACTIONS:

1 CA# 211756

Corrective Action: Report spill or release of E&P waste or produced fluids Remove free in accordance with Rule 912.b. Date: 03/20/2026

Response: CA COMPLETED Date of Completion: 03/19/2026

Per Rule 912.b. Form 19 (Document No. 404587984) was submitted on 3/19/2026. Notification was provided to

Operator Comment: ECMC, Kiowa County LGD, and the Surface Owner on 3/19/2026.

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: Amber Barnett

Signed: _____

Title: Compliance Specialist

Date: 3/25/2026 2:08:10 PM

ATTACHMENT LIST

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

Document Number Description

404595638	FIR RESOLUTION SUBMITTED
-----------	--------------------------

Total Attach: 1 Files