

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:  
404611442

Date Received:  
04/08/2026

**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: 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  |
|-----------------------|-------|--|
| <u>Koch, Benjamin</u> |       | <u>bzkoch@blm.gov</u>                        |
| <u>Andrews, Doug</u>  |       | <u>doug.andrews@state.co.us</u>              |
| <u>LARAMIE ENERGY</u> |       | <u>cogccnotifications@laramie-energy.com</u> |

**ECMC INSPECTION SUMMARY:**

FIR Document Number: 708908856  
Inspection Date: 03/31/2026 FIR Submit Date: 04/04/2026 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: 481743

Location Name: Cascade Creek (CC) Number: 0697-15-08 County: \_\_\_\_\_  
Qtrqtr: SENE Sec: 15 Twp: 6S Range: 97W Meridian: 6  
Latitude: 39.526319 Longitude: -108.198886

**FACILITY** - API Number: 05-045-00 Facility ID: 481743

Facility Name: Cascade Creek (CC) Number: 0697-15-08  
Qtrqtr: SENE Sec: 15 Twp: 6S Range: 97W Meridian: 6  
Latitude: 39.526319 Longitude: -108.198886

**CORRECTIVE ACTIONS:**

**1** CA# 212098

Corrective Action: Comply with CECMC Rule 1002 Date: 04/19/2026

Response: CA COMPLETED Date of Completion: 04/06/2026

Operator Comment: Containment has been emptied

ECMC Decision: \_\_\_\_\_

ECMC  
Representative:

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**OPERATOR COMMENT AND SUBMITTAL**

Comment:

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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: 4/8/2026 8:34:22 AM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

|           |                          |
|-----------|--------------------------|
| 404611442 | FIR RESOLUTION SUBMITTED |
|-----------|--------------------------|

Total Attach: 1 Files