

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:
403502217

Date Received:
08/18/2023

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 2 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10456
Name of Operator: CAERUS PICEANCE LLC
Address: 1001 17TH STREET #1600
City: DENVER State: CO Zip: 80202

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

Additional Operator Contact:

Contact Name	Phone	Email
<u>Romana Cowden</u>	<u>720-951-5895</u>	<u>COGCC.inspections@caerusoilandgas.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 708900903
Inspection Date: 06/30/2023 FIR Submit Date: 07/03/2023 FIR Status: _____

Inspected Operator Information:

Company Name: CAERUS PICEANCE LLC Company Number: 10456
Address: 1001 17TH STREET #1600
City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 334632

Location Name: GMU Number: 33-11A County: GARFIELD
(K33NW)
Qtrqr: NESW Sec: 33 Twp: 6S Range: 93W Meridian: 6
Latitude: 39.482401 Longitude: -107.783075

FACILITY - API Number: 05-045- -00 Facility ID: 278072

Facility Name: GMU Number: 33-6
(K33NW)
Qtrqr: NESW Sec: 33 Twp: 6S Range: 93W Meridian: 6
Latitude: 39.482401 Longitude: -107.783075

CORRECTIVE ACTIONS:

2 CA# 174497

Corrective Action: Oil and gas operators shall implement and maintain Best Management Practices (BMPs) at all oil and gas locations to control stormwater runoff in a manner that minimizes erosion, transport of sediment offsite, and site degradation. BMPs shall be maintained until the facility is abandoned and final reclamation is achieved.

Date: 07/18/2023

Response: CA COMPLETED Date of Completion: 07/31/2023

Operator Comment: Eroded/slumping soils were repaired and the slope was seeded, soils amended, and hydromulch was applied.

COGCC Decision: Approved pending re-inspection

COGCC
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: Romana Cowden

Signed: _____

Title: EHS

Date: 8/18/2023 2:36:24 PM

ATTACHMENT LIST

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

Document Number **Description**

403502217	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files