

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:

403505643

Date Received:

08/22/2023

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

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

Romana Cowden

Phone

720-951-5895

Email

COGCC.inspections@caerusoilandgas.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 708900906

Inspection Date: 06/30/2023

FIR Submit Date: 07/05/2023

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: 323957

Location Name: HMU FEDERAL-67S92W Number: 5SESE County: GARFIELD

Qtrqtr: SESE Sec: 5 Twp: 7S Range: 92W Meridian: 6

Latitude: 39.471310 Longitude: -107.681050

FACILITY - API Number: 05-045-00 Facility ID: 211354

Facility Name: HMU FEDERAL Number: 5-16 (P5E)

Qtrqtr: SESE Sec: 5 Twp: 7S Range: 92W Meridian: 6

Latitude: 39.471310 Longitude: -107.681050

CORRECTIVE ACTIONS:

1 CA# 174624

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: 07/20/2023

Response: CA COMPLETED

Date of Completion: 07/18/2023

Operator
Comment:

Repaired and reinstalled rip rap armoring and check dams.

COGCC Decision: _____

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: 8/22/2023 2:29:10 PM _____

ATTACHMENT LIST

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

Document Number **Description**

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Total Attach: 0 Files