

State of Colorado Energy & Carbon Management Commission



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Document Number:
403544041

Date Received:
09/28/2023

FIR RESOLUTION FORM

Overall Status:

CA Summary:

3 of 3 CAs from the FIR responded to on this Form

3 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: 707800569
Inspection Date: 08/28/2023 FIR Submit Date: 08/29/2023 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: 334681

Location Name: Federal Number: 29-6BB (PF-29) County: _____
Qtrqtr: SENW Sec: 29 Twp: 7S Range: 95W Meridian: 6
Latitude: 39.410500 Longitude: -108.024810

FACILITY - API Number: 05-045-00 Facility ID: 334681

Facility Name: Federal Number: 29-6BB (PF-29)
Qtrqtr: SENW Sec: 29 Twp: 7S Range: 95W Meridian: 6
Latitude: 39.410500 Longitude: -108.024810

CORRECTIVE ACTIONS:

1 CA# 179789

Corrective Action: Remove debris Date: 10/06/2023

Response: CA COMPLETED Date of Completion: 09/07/2023

Operator Comment: Removed.

COGCC Decision: _____

COGCC
Representative:

2 CA# 179790

Corrective Action: Evacuate fluids in containments to provide adequate space in case of a spill

Date: 10/06/2023

Response: CA COMPLETED

Date of Completion: 09/13/2023

Operator Comment: Complete.

COGCC Decision: _____

COGCC Representative: _____

3 CA# 179791

Corrective Action: Eliminate possibility of wildlife to enter open lines for thawing out dump lines with exhaust from trucks.

Date: 10/06/2023

Response: CA COMPLETED

Date of Completion: 09/07/2023

Operator Comment: Repaired.

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: 9/28/2023 9:01:25 AM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files