

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:
403558813

Date Received:
10/12/2023

FIR RESOLUTION FORM

Overall Status:

CA Summary:
2 of 3 CAs from the FIR responded to on this Form
2 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
Romana Cowden 720-951-5895 COGCC.inspections@caerusoilandgas.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 708901828
Inspection Date: 09/29/2023 FIR Submit Date: 10/02/2023 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: 334688

Location Name: RULISON FEDERAL-67S94W Number: 11NENE County:
Qtrqtr: NENE Sec: 11 Twp: 7S Range: 94W Meridian: 6
Latitude: 39.458740 Longitude: -107.847640

FACILITY - API Number: 05-045-00 Facility ID: 334688

Facility Name: RULISON FEDERAL-67S94W Number: 11NENE
Qtrqtr: NENE Sec: 11 Twp: 7S Range: 94W Meridian: 6
Latitude: 39.458740 Longitude: -107.847640

CORRECTIVE ACTIONS:

1 CA# 182806
Corrective Action: Operators will prevent & minimize adverse impacts to wildlife resources. Date: 10/09/2023
Response: CA COMPLETED Date of Completion: 10/06/2023
Operator Comment: Repaired.
COGCC Decision:

COGCC
Representative: _____

2 CA# 182807

Corrective Action: All Tanks with a capacity of 10 Barrels or greater will be labeled or posted with the following information:

Date: 12/01/2023

- A. Name of Operator;
- B. Operator's emergency contact telephone number;
- C. Tank capacity;
- D. Tank contents; and
- E. NFPA label or equivalent globally harmonized label.

Response: CA COMPLETED

Date of Completion: 10/06/2023

Operator
Comment: Replaced, see photos.

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: 10/12/2023 11:41:21 AM

ATTACHMENT LIST

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

Document Number **Description**

403558829	Label Updated.
-----------	----------------

Total Attach: 1 Files