

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

Romana Cowden

Phone

720-951-5895

Email

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.

<u>Document Number</u>	<u>Description</u>
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403558829	Label Updated.
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Total Attach: 1 Files