

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:
403558910

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: 708901804

Inspection Date: 09/29/2023

FIR Submit Date: 09/29/2023

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: 324423

Location Name: FEDERAL-67S94W Number: 11NWSE County: _____

Qtrqtr: NWSE Sec: 11 Twp: 7S Range: 94W Meridian: 6

Latitude: 39.452300 Longitude: -107.852940

FACILITY - API Number: 05-045-00 Facility ID: 324423

Facility Name: FEDERAL-67S94W Number: 11NWSE

Qtrqtr: NWSE Sec: 11 Twp: 7S Range: 94W Meridian: 6

Latitude: 39.452300 Longitude: -107.852940

CORRECTIVE ACTIONS:

1 CA# 182660

Corrective Action: Operators will prevent & minimize adverse impacts to wildlife resources.

Date: 10/06/2023

Response: CA COMPLETED

Date of Completion: 10/06/2023

Operator
Comment:

Replaced.

COGCC Decision: _____

COGCC
Representative:

3 CA# 182662

Corrective Action: All Production Facilities, valves, pipes, fittings, and vessels will be securely fastened or sealed, inspected at regular intervals, and maintained in good mechanical condition.

Date: 09/30/2023

Response: CA COMPLETED

Date of Completion: 09/29/2023

Operator
Comment:

Operator has clean taped and tightened to stop leak. See photo.

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 12:04:34 PM

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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Total Attach: 0 Files