

State of Colorado
Energy & Carbon Management Commission



Document Number:
403583315

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Date Received:
11/03/2023

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 2 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: 708902062
Inspection Date: 10/27/2023 FIR Submit Date: 10/27/2023 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: 334872

Location Name: SAMPLE-67S92W Number: 17SEW County:
Qtrqr: NWSE Sec: 17 Twp: 7S Range: 92W Meridian: 6
Latitude: 39.444880 Longitude: -107.686440

FACILITY - API Number: 05-045-00 Facility ID: 334872

Facility Name: SAMPLE-67S92W Number: 17SEW
Qtrqr: NWSE Sec: 17 Twp: 7S Range: 92W Meridian: 6
Latitude: 39.444880 Longitude: -107.686440

CORRECTIVE ACTIONS:

1 CA# 187196

Corrective Action: Securely fasten all valves, pipes, fittings, and Production Facilities to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition.

Date: 10/30/2023

Response: CA COMPLETED Date of Completion: 11/01/2023

Operator Comment: Repaired.

COGCC Decision:

COGCC
Representative:

2 CA# 187197

Corrective Action: The storage or placement of equipment not necessary for use on location is prohibited.

Date: 11/26/2023

Response: CA COMPLETED

Date of Completion: 11/01/2023

Operator
Comment: Tank is in use - being used for purge water, which is tested every 2-3 months.

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: 11/3/2023 10:09:19 AM

ATTACHMENT LIST

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

Document Number **Description**

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

Total Attach: 0 Files