

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:
403583315

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

Romana Cowden

Phone

720-951-5895

Email

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: 17SENW County: _____

Qtrqtr: 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: 17SENW

Qtrqtr: 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: <u>11/26/2023</u>
Response:	CA COMPLETED		Date of Completion: <u>11/01/2023</u>
Operator Comment:	Tank is in use - being used for purge water, which is tested every 2-3 months.		
COGCC Decision:			
COGCC Representative:			

<u>OPERATOR COMMENT AND SUBMITTAL</u>	
Comment:	
<p>I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.</p> <p>Print Name: <u>Romana Cowden</u> Signed: _____</p> <p>Title: <u>EHS</u> Date: <u>11/3/2023 10:09:19 AM</u></p>	

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