

State of Colorado  
Energy & Carbon Management Commission



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Document Number:  
403598665

Date Received:  
11/16/2023

## 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: 708902142

Inspection Date: 11/03/2023

FIR Submit Date: 11/07/2023

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: 335460

Location Name: Pitman Number: (O22NW) County: \_\_\_\_\_

Qtrqtr: SWSE Sec: 22 Twp: 6S Range: 93W Meridian: 6

Latitude: 39.507620 Longitude: -107.757750

#### FACILITY - API Number: 05-045-00 Facility ID: 335460

Facility Name: Pitman Number: (O22NW)

Qtrqtr: SWSE Sec: 22 Twp: 6S Range: 93W Meridian: 6

Latitude: 39.507620 Longitude: -107.757750

### CORRECTIVE ACTIONS:

1 CA# 188015

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

Date: 12/07/2023

- 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: 11/10/2023

Operator Comment:	Replaced.		
COGCC Decision: _____			
COGCC Representative:			

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CA# 188016

Corrective Action:	All load lines will be capped or plugged	Date: 11/14/2023	
Response:	CA COMPLETED	Date of Completion:	11/10/2023
Operator Comment:	Complete.		
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: 11/16/2023 2:20:39 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>

Total Attach: 0 Files