

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	Phone	Email
Romana Cowden	720-951-5895	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: \_\_\_\_\_

**2** 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