

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:

403648025

Date Received:

01/08/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 4 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: 708902639

Inspection Date: 12/26/2023

FIR Submit Date: 12/29/2023

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: 335673

Location Name: Long Ridge Number: D21 595 County: _____

Qtrqr: NWN Sec: 21 Twp: 5S Range: 95W Meridian: 6
W

Latitude: 39.604025 Longitude: -108.067664

FACILITY - API Number: 05-045-00 Facility ID: 335673

Facility Name: Long Ridge Number: D21 595

Qtrqr: NWN Sec: 21 Twp: 5S Range: 95W Meridian: 6
W

Latitude: 39.604025 Longitude: -108.067664

CORRECTIVE ACTIONS:

3 CA# 189690

Corrective Action: Upon the Director's approval of a Form 9 the Buying Operator will have 60 days to replace or update all signs at the Oil and Gas Location so that the signs comply with Rule 605.

Date: 01/28/2024

Response: CA COMPLETED

Date of Completion: 01/04/2024

Operator Comment: Sign was updated, see photo.

COGCC Decision: _____

COGCC
Representative: _____

4 CA# 189691

Corrective Action: Upon the Director's approval of a Form 9 the Buying Operator will have 60 days to replace or update all signs at the Oil and Gas Location so that the signs comply with Rule 605.

Date: 01/28/2024

Response: CA COMPLETED

Date of Completion: 01/08/2024

Operator
Comment: Sign was updated, 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: 1/8/2024 2:14:10 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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403648033	Well sign
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Total Attach: 1 Files