

State of Colorado
Energy & Carbon Management Commission



Document Number:
403653335

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

Date Received:
01/12/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

3 of 3 CAs from the FIR responded to on this Form

3 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: 696205448
Inspection Date: 12/05/2023 FIR Submit Date: 12/08/2023 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: 448427

Location Name: Mesa Number: N23-697 County:
Qtrqtr: SESW Sec: 23 Twp: 6S Range: 97W Meridian: 6
Latitude: 39.503186 Longitude: -108.188086

FACILITY - API Number: 05-045-00 Facility ID: 448427

Facility Name: Mesa Number: N23-697
Qtrqtr: SESW Sec: 23 Twp: 6S Range: 97W Meridian: 6
Latitude: 39.503186 Longitude: -108.188086

CORRECTIVE ACTIONS:

1 CA# 189036

Corrective Action: Remove and properly dispose fluids. Clean/remediate impacts. Date: 12/05/2023

Response: CA COMPLETED Date of Completion: 12/20/2023

Operator Comment: Cleaned.

COGCC Decision:

COGCC Representative: _____

2 CA# 189037

Corrective Action: Comply with Rule 606.a

Date: 12/05/2023

Response: CA COMPLETED

Date of Completion: 12/20/2023

Operator Comment: Removed.

COGCC Decision: _____

COGCC Representative: _____

3 CA# 189038

Corrective Action: Install caps/plugs.

Date: 12/05/2023

Response: CA COMPLETED

Date of Completion: 12/20/2023

Operator Comment: Capped.

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: 1/12/2024 11:58:34 AM

ATTACHMENT LIST

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

Document Number	Description

Total Attach: 0 Files