

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:
403654695

Date Received:
01/15/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

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

1 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	(970) 285-2600	COGCC.inspections@caerusoilandgas.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 702502128
Inspection Date: 11/14/2023 FIR Submit Date: 11/14/2023 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: 314236

Location Name: U S A-PICEANCE CREEK-62S97W Number: 24SENW County: RIO BLANCO
Qtrqtr: SENW Sec: 24 Twp: 2S Range: 97W Meridian: 6
Latitude: 39.864940 Longitude: -108.229310

FACILITY - API Number: 05-103-00 Facility ID: 228100

Facility Name: U S A-PICEANCE CREEK Number: T43-24G
Qtrqtr: SENW Sec: 24 Twp: 2S Range: 97W Meridian: 6
Latitude: 39.864940 Longitude: -108.229310

CORRECTIVE ACTIONS:

3 CA# 188191

Corrective Action: The Tank battery sign will be no less than 3 square feet and no more than 6 square feet, and will provide: Name of the Operator; Telephone number at which the Operator can be reached at all times; Telephone number for local emergency services (911 where available); The public road used to access the Tank battery site; Well name(s) and API number(s) associated with the Tank battery and the legal location of the Well (s); and Location, including the quarter/quarter section, of the Tank battery.

Date: 12/15/2023

Response: CA COMPLETED Date of Completion: 01/09/2024

Sign was installed

Operator _____
Comment: _____

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: 1/15/2024 12:16:49 PM

ATTACHMENT LIST

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

Document Number **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files