

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:
403655340

Date Received:
01/16/2024

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
<u>Romana Cowden</u>	<u>720-951-5895</u>	<u>COGCC.inspections@caerusoilandgas.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 696205454
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: 324388

Location Name: PUCKETT-66S97W Number: 25SENW County: _____
Qtrqtr: SENW Sec: 25 Twp: 6S Range: 97W Meridian: 6
Latitude: 39.495217 Longitude: -108.172213

FACILITY - API Number: 05-045-00 Facility ID: 324388

Facility Name: PUCKETT-66S97W Number: 25SENW
Qtrqtr: SENW Sec: 25 Twp: 6S Range: 97W Meridian: 6
Latitude: 39.495217 Longitude: -108.172213

CORRECTIVE ACTIONS:

1 CA# 189047

Corrective Action: Maintain fence Date: 12/05/2023

Response: CA COMPLETED Date of Completion: 12/29/2023

Operator Comment: Complete.

COGCC Decision: _____

COGCC Representative: _____

2 CA# 189048

Corrective Action: Install cap/plug at tank.

Date: 12/05/2023

Response: CA COMPLETED

Date of Completion: 12/29/2023

Operator Comment: Complete.

COGCC Decision: _____

COGCC Representative: _____

3 CA# 189049

Corrective Action: Comply with Rule 606.a

Date: 12/05/2023

Response: CA COMPLETED

Date of Completion: 12/29/2023

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: 1/16/2024 6:20:03 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