

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:  
403655346

Date Received:  
01/16/2024

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 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
<u>Romana Cowden</u>	<u>720-951-5895</u>	<u>COGCC.inspections@caerusoilandgas.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 708902206  
Inspection Date: 11/09/2023 FIR Submit Date: 11/12/2023 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: 334669

Location Name: SCARBER-67S94W Number: 2SWSE County: \_\_\_\_\_  
Qtrqtr: SWSE Sec: 2 Twp: 7S Range: 94W Meridian: 6  
Latitude: 39.462180 Longitude: -107.851630

FACILITY - API Number: 05-045-00 Facility ID: 334669

Facility Name: SCARBER-67S94W Number: 2SWSE  
Qtrqtr: SWSE Sec: 2 Twp: 7S Range: 94W Meridian: 6  
Latitude: 39.462180 Longitude: -107.851630

CORRECTIVE ACTIONS:

1  CA# 188125

Corrective Action: Oil and gas operators shall implement and maintain Best Management Practices (BMPs) at all oil and gas locations to control stormwater runoff in a manner that minimizes erosion, transport of sediment offsite, and site degradation. BMPs shall be maintained until the facility is abandoned and final reclamation is achieved.

Date: 11/27/2023

Response: CA COMPLETED Date of Completion: 01/16/2024

Operator Comment: Complete.

COGCC Decision: Approved pending re-inspection

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 6:31:22 AM

**ATTACHMENT LIST**

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

<b>Document Number</b>	<b>Description</b>
403655346	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files