

State of Colorado Energy & Carbon Management Commission



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Document Number:
403658436

Date Received:
01/18/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 5 CAs from the FIR responded to on this Form

0 CA Completed
2 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: 696205515
Inspection Date: 01/05/2024 FIR Submit Date: 01/10/2024 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: 334617

Location Name: PARKER RANCH-67S93W Number: 15SENE County: _____
Qtrqtr: SENE Sec: 15 Twp: 7S Range: 93W Meridian: 6
Latitude: 39.445740 Longitude: -107.755900

FACILITY - API Number: 05-045-00 Facility ID: 334617

Facility Name: PARKER RANCH-67S93W Number: 15SENE
Qtrqtr: SENE Sec: 15 Twp: 7S Range: 93W Meridian: 6
Latitude: 39.445740 Longitude: -107.755900

CORRECTIVE ACTIONS:

3 CA# 189967

Corrective Action: Comply with 606 Rules Date: 01/05/2024

Response: FACTUAL REVIEW REQUEST

Basis for Review: Action requested was already completed prior to the inspection

Operator Comment: Line with risers is live and needed. Drum and catch are needed and in use. They are used to remove gravel from containments that are pulled. Gravel must be filtered out before fluids can be disposed of. The drum contains gravel from filter pod.

COGCC Decision: _____

COGCC
Representative:

4 CA# 189968

Corrective Action:

Date: 01/05/2024

Response: FACTUAL REVIEW REQUEST

Basis for Review: Corrective action dates are not attainable

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: 1/18/2024 9:20:21 AM

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>

Total Attach: 0 Files