

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:

403661693

Date Received:

01/22/2024

## FIR RESOLUTION FORM

**Overall Status:**

**CA Summary:**

1 of 2 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

Romana Cowden

Phone

720-951-5895

Email

COGCC.inspections@caerusoilandgas.com

### COGCC INSPECTION SUMMARY:

FIR Document Number: 708902521

Inspection Date: 12/11/2023

FIR Submit Date: 12/15/2023

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: 334639

Location Name: SAVAGE-67S94W Number: 1SWNW County: \_\_\_\_\_

Qtrqtr: SWN Sec: 1 Twp: 7S Range: 94W Meridian: 6

Latitude: 39.470230 Longitude: -107.843660

### FACILITY - API Number: 05-045-00 Facility ID: 334639

Facility Name: SAVAGE-67S94W Number: 1SWNW

Qtrqtr: SWN Sec: 1 Twp: 7S Range: 94W Meridian: 6

Latitude: 39.470230 Longitude: -107.843660

### CORRECTIVE ACTIONS:

2 CA# 189242

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: 12/30/2023

Response: CA COMPLETED

Date of Completion: 12/26/2023

Operator  
Comment:

Complete, see photos

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: 1/22/2024 10:20:14 AM

**ATTACHMENT LIST**

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

<b><u>Document Number</u></b>	<b><u>Description</u></b>
403661705	Complete
403661706	Complete

Total Attach: 2 Files