

State of Colorado
Energy & Carbon Management Commission



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Document Number:
403685620

Date Received:
02/13/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 4 CAs from the FIR responded to on this Form

2 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: 707800702

Inspection Date: 02/05/2024

FIR Submit Date: 02/08/2024

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: 335674

Location Name: N. PARACHUTE-65S95W Number: 31NWNW County: _____

Qtrqtr: NWN Sec: 31 Twp: 5S Range: 95W Meridian: 6
W

Latitude: 39.574369 Longitude: -108.107797

FACILITY - API Number: 05-045- -00 Facility ID: 335674

Facility Name: N. PARACHUTE-65S95W Number: 31NWNW

Qtrqtr: NWN Sec: 31 Twp: 5S Range: 95W Meridian: 6
W

Latitude: 39.574369 Longitude: -108.107797

CORRECTIVE ACTIONS:

1 CA# 191860

Corrective Action: Operators are responsible for ensuring that operations are conducted with due regard for the safety of employees, for the preservation and conservation of property, and for protecting and minimizing adverse impacts to public health, safety, welfare, the environment, and wildlife resources.

Install means of egress or eliminate wildlife access

Date: 02/16/2024

Response: CA COMPLETED

Date of Completion: 12/21/2023

Operator Comment:	Complete.		
COGCC Decision: _____			
COGCC Representative:			

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CA# 191861

Corrective Action:	Remove debris	Date: 02/16/2024
Response:	CA COMPLETED	Date of Completion: 02/12/2024
Operator Comment:	Trash was removed.	
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: 2/13/2024 10:51:36 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