

State of Colorado Energy & Carbon Management Commission



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Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:
403696192

Date Received:
02/23/2024

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

COGCC INSPECTION SUMMARY:

FIR Document Number: 696205567

Inspection Date: 01/22/2024 FIR Submit Date: 01/24/2024 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: 334670

Location Name: MILLER-67S93W Number: 2NWSE County: _____

Qtrqtr: NWSE Sec: 2 Twp: 7S Range: 93W Meridian: 6

Latitude: 39.472930 Longitude: -107.741830

FACILITY - API Number: 05-045-00 Facility ID: 334670

Facility Name: MILLER-67S93W Number: 2NWSE

Qtrqtr: NWSE Sec: 2 Twp: 7S Range: 93W Meridian: 6

Latitude: 39.472930 Longitude: -107.741830

CORRECTIVE ACTIONS:

2 CA# 191297

Corrective Action: Comply with 605 rules. Date provided is not the date ECMC expects the Location to have met the CA; rather it is the date the compliance issue was observed. Date: 01/22/2024

Response: CA COMPLETED Date of Completion: 01/30/2024

Operator Comment: Labels were installed.

COGCC Decision: _____

COGCC
Representative:

3 CA# 191298

Corrective Action: Comply with 1003.a and 603.j. Date provided is not the date ECMC expects the Location to have met the CA; rather it is the date the compliance issue was observed.

Date: 01/22/2024

Response: CA COMPLETED

Date of Completion: 01/30/2024

Operator Comment: Deadman 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: 2/23/2024 6:12:28 AM

ATTACHMENT LIST

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

Document Number **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files