

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:
403717388

Date Received:
03/13/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 2 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: 707800707

Inspection Date: 02/09/2024

FIR Submit Date: 02/09/2024

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: 334916

Location Name: MAGNALL-66S92W Number: 34NWSW County: _____

Qtrqtr: NWS Sec: 34 Twp: 6S Range: 92W Meridian: 6
W

Latitude: 39.482940 Longitude: -107.659750

FACILITY - API Number: 05-045-00 Facility ID: 334916

Facility Name: MAGNALL-66S92W Number: 34NWSW

Qtrqtr: NWS Sec: 34 Twp: 6S Range: 92W Meridian: 6
W

Latitude: 39.482940 Longitude: -107.659750

CORRECTIVE ACTIONS:

1 CA# 191931

Corrective Action: Securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition

Date: 02/23/2024

Response: CA COMPLETED

Date of Completion: 02/12/2024

Operator Comment: Valve was repaired.

COGCC Decision: _____

COGCC
Representative:

2 CA# 191932

Corrective Action: Eliminate possibility of wildlife to enter open lines for thawing out dump lines with exhaust from trucks.

Date: 02/16/2024

Response: CA COMPLETED

Date of Completion: 02/12/2024

Operator
Comment: Caps were added, see photo.

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: 3/13/2024 9:52:38 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>
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403717399	Capped.
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Total Attach: 1 Files