

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:
403742470

Date Received:
04/04/2024

FIR RESOLUTION FORM

Overall Status: CAC

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

COGCC INSPECTION SUMMARY:

FIR Document Number: 708903157
Inspection Date: 02/22/2024 FIR Submit Date: 02/25/2024 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: 334603

Location Name: SCHAEFFER DISPOSAL-67S93W Number: 12NWNW County: _____
Qtrqtr: NWN Sec: 12 Twp: 7S Range: 93W Meridian: 6
W
Latitude: 39.465660 Longitude: -107.730910

FACILITY - API Number: 05-045-00 Facility ID: 334603

Facility Name: SCHAEFFER DISPOSAL-67S93W Number: 12NWNW
Qtrqtr: NWN Sec: 12 Twp: 7S Range: 93W Meridian: 6
W
Latitude: 39.465660 Longitude: -107.730910

CORRECTIVE ACTIONS:

1 CA# 192417

Corrective Action: The liner will be sufficiently impervious so that any discharge from a primary containment system will not escape containment before cleanup occurs. Date: 03/16/2024

Response: CA COMPLETED Date of Completion: 02/26/2024

Operator Comment: Liner was repaired.

COGCC Decision: Approved pending re-inspection

COGCC
Representative:

2 CA# 192418

Corrective Action: Comply with CECMC wildlife rules

Date: 03/03/2024

Response: CA COMPLETED

Date of Completion: 02/26/2024

Operator
Comment:

Complete.

COGCC Decision: Approved pending re-inspection

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: 4/4/2024 9:31:45 AM

ATTACHMENT LIST

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

Document Number **Description**

403742470	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files