

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:
403744489

Date Received:
04/05/2024

FIR RESOLUTION FORM

Overall Status: CAC

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

COGCC INSPECTION SUMMARY:

FIR Document Number: 708301712
Inspection Date: 02/20/2024 FIR Submit Date: 02/22/2024 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: 335766

Location Name: CHEVRON-66S96W Number: 4SWSW County: _____
Qtrqtr: SWS Sec: 4 Twp: 6S Range: 96W Meridian: 6
W
Latitude: 39.548500 Longitude: -108.120330

FACILITY - API Number: 05-045-00 Facility ID: 335766

Facility Name: CHEVRON-66S96W Number: 4SWSW
Qtrqtr: SWS Sec: 4 Twp: 6S Range: 96W Meridian: 6
W
Latitude: 39.548500 Longitude: -108.120330

CORRECTIVE ACTIONS:

2 CA# 192336

Corrective Action: 1002.f.(2): 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 pursuant to Rule 1004.

Date: 12/29/2023

Response: CA COMPLETED Date of Completion: 02/23/2024

Maintenance complete, see photo.

Operator: _____
Comment:

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: 4/5/2024 10:22:40 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>
403744489	FIR RESOLUTION SUBMITTED
403744494	Tracking Repaired

Total Attach: 2 Files