

State of Colorado Energy & Carbon Management Commission



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

Document Number:
403750382

Date Received:
04/11/2024

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

ECMC 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>

ECMC INSPECTION SUMMARY:

FIR Document Number: 708903057
Inspection Date: 02/13/2024 FIR Submit Date: 02/14/2024 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: 334661

Location Name: GMR-66S93W Number: 34SWSW County: _____
Qtrqtr: SWS Sec: 34 Twp: 6S Range: 93W Meridian: 6
W
Latitude: 39.479050 Longitude: -107.766040

FACILITY - API Number: 05-045-00 Facility ID: 334661

Facility Name: GMR-66S93W Number: 34SWSW
Qtrqtr: SWS Sec: 34 Twp: 6S Range: 93W Meridian: 6
W
Latitude: 39.479050 Longitude: -107.766040

CORRECTIVE ACTIONS:

1 CA# 192053

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: 03/05/2024

Response: CA COMPLETED Date of Completion: 02/15/2024

Operator Comment: Liner was repaired, see photo.

ECMC Decision:

ECMC
Representative:

[Empty text box]

2 CA# 192054

Corrective Action: Vents on pressure safety devices will be designed to be clear and free of debris and water at all times.

Date: 02/21/2024

Response: CA COMPLETED

Date of Completion: 02/15/2024

Operator
Comment:

Cap was added, see photo.

ECMC Decision:

[Empty text box]

ECMC
Representative:

[Empty text box]

OPERATOR COMMENT AND SUBMITTAL

Comment:

[Empty text box]

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: 4/11/2024 8:52:49 AM

ATTACHMENT LIST

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

Document Number	Description
403750384	N34NW
403750389	Cap was added

Total Attach: 2 Files