

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:
403750418

Date Received:
04/11/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

3 of 3 CAs from the FIR responded to on this Form

3 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: 707800692
Inspection Date: 01/31/2024 FIR Submit Date: 02/01/2024 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: 334590

Location Name: MAGIC-67S92W Number: 3SESE County: _____
Qtrqtr: SESE Sec: 3 Twp: 7S Range: 92W Meridian: 6
Latitude: 39.469240 Longitude: -107.646610

FACILITY - API Number: 05-045-00 Facility ID: 334590

Facility Name: MAGIC-67S92W Number: 3SESE
Qtrqtr: SESE Sec: 3 Twp: 7S Range: 92W Meridian: 6
Latitude: 39.469240 Longitude: -107.646610

CORRECTIVE ACTIONS:

1 CA# 191632

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: 03/07/2024

Response: CA COMPLETED Date of Completion: 02/07/2024

Operator Comment: Repaired, see photo.

ECMC Decision: _____

ECMC
Representative:

2 CA# 191633

Corrective Action:

Date: 03/07/2024

Response: CA COMPLETED

Date of Completion: 02/19/2024

Operator Comment:

ECMC Decision: _____

ECMC
Representative:

3 CA# 191634

Corrective Action:

Date: 03/07/2024

Response: CA COMPLETED

Date of Completion: 02/07/2024

Operator Comment:

ECMC Decision: _____

ECMC
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: 4/11/2024 9:12:15 AM

ATTACHMENT LIST

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

Document Number	Description
403750430	Well was maintained
403750431	Secondary Containment
403750432	Label was added

Total Attach: 3 Files