

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:

403754189

Date Received:

04/15/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 3 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

Romana Cowden

Phone

(970) 285-2600

Email

COGCC.inspections@caerusoilandgas.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 702502527

Inspection Date: 03/26/2024

FIR Submit Date: 03/26/2024

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: 335712

Location Name: PICEANCE CREEK UNIT-62S97W Number: 11NESW County: _____

Qtrqtr: NESW Sec: 11 Twp: 2S Range: 97W Meridian: 6

Latitude: 39.891224 Longitude: -108.251117

FACILITY - API Number: 05-103-00 Facility ID: 335712

Facility Name: PICEANCE CREEK UNIT-62S97W Number: 11NESW

Qtrqtr: NESW Sec: 11 Twp: 2S Range: 97W Meridian: 6

Latitude: 39.891224 Longitude: -108.251117

CORRECTIVE ACTIONS:

2 CA# 193596

Corrective Action: All excess materials, rubbish, supplies, trash, or other waste material will be properly contained until removed from the Oil and Gas Location. At no time will debris be placed or remain on the ground.

Date: 11/30/2023

Response: CA COMPLETED

Date of Completion: 04/03/2024

Operator
Comment: Removed.

ECMC Decision: _____

ECMC
Representative:

3 CA# 193597

Corrective Action: Vents on pressure safety devices will terminate in a manner so as not to endanger the public or adjoining facilities. They will be designed to be clear and free of debris and water at all times.

Date: 04/11/2024

Response: CA COMPLETED

Date of Completion: 04/03/2024

Operator
Comment:

Replaced.

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: 4/15/2024 11:55:08 AM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
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403754204	Caps were added
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Total Attach: 1 Files