

State of Colorado Energy & Carbon Management Commission



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

Document Number:
403754298

Date Received:
04/15/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 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: 702502261
Inspection Date: 01/03/2024 FIR Submit Date: 01/03/2024 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: 314236

Location Name: U S A-PICEANCE CREEK-62S97W Number: 24SEnw County: _____
Qtrqr: SEnw Sec: 24 Twp: 2S Range: 97W Meridian: 6
Latitude: 39.864802 Longitude: -108.228314

FACILITY - API Number: 05-103-00 Facility ID: 314236

Facility Name: U S A-PICEANCE CREEK-62S97W Number: 24SEnw
Qtrqr: SEnw Sec: 24 Twp: 2S Range: 97W Meridian: 6
Latitude: 39.864802 Longitude: -108.228314

CORRECTIVE ACTIONS:

1 CA# 189779

Corrective Action: The Tank battery sign will be no less than 3 square feet and no more than 6 square feet, and will provide: Name of the Operator; Telephone number at which the Operator can be reached at all times; Telephone number for local emergency services (911 where available); The public road used to access the Tank battery site; Well name(s) and API number(s) associated with the Tank battery and the legal location of the Well (s); and Location, including the quarter/quarter section, of the Tank battery.

Date: 12/15/2023

Response: CA COMPLETED Date of Completion: 01/09/2024

Sign was installed.

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: 4/15/2024 12:31:45 PM

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>

Total Attach: 0 Files