

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:
403754727

Date Received:
04/15/2024

FIR RESOLUTION FORM

Overall Status: CAC

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: 708902800
Inspection Date: 01/17/2024 FIR Submit Date: 01/17/2024 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: 334060

Location Name: FEDERAL-67S95W Number: 30SESW County: _____
Qtrqr: SESW Sec: 30 Twp: 7S Range: 95W Meridian: 6
Latitude: 39.404690 Longitude: -108.040170

FACILITY - API Number: 05-045-00 Facility ID: 334060

Facility Name: FEDERAL-67S95W Number: 30SESW
Qtrqr: SESW Sec: 30 Twp: 7S Range: 95W Meridian: 6
Latitude: 39.404690 Longitude: -108.040170

CORRECTIVE ACTIONS:

1 CA# 190106

Corrective Action: Comply with CECMC wildlife rules Date: 01/24/2024

Response: CA COMPLETED Date of Completion: 04/09/2024

Operator Comment: Caps were added, see photo.

ECMC Decision: Approved pending re-inspection

ECMC
Representative:

2 CA# 190107

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

Date: 01/24/2024

Response: CA COMPLETED

Date of Completion: 01/18/2024

Operator
Comment:

Complete.

ECMC Decision: Approved pending re-inspection

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 3:04:25 PM

ATTACHMENT LIST

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

Document Number **Description**

403754727	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files