

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:
403770010

Date Received:
04/25/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 6 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

Romana Cowden

Phone

720-951-5895

Email

COGCC.inspections@caerusoilandgas.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 702502562

Inspection Date: 04/04/2024

FIR Submit Date: 04/04/2024

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: 316372

Location Name: WILLOW RIDGE COMM.-63S97W Number: 2SWNE County: RIO BLANCO

Qtrqtr: SWNE Sec: 2 Twp: 3S Range: 97W Meridian: 6

Latitude: 39.821810 Longitude: -108.242050

FACILITY - API Number: 05-103-00 Facility ID: 270114

Facility Name: WILLOW RIDGE COMM. Number: T63X-2G

Qtrqtr: SWNE Sec: 2 Twp: 3S Range: 97W Meridian: 6

Latitude: 39.821810 Longitude: -108.242050

CORRECTIVE ACTIONS:

2 CA# 194020

Corrective Action: The Operator will conspicuously post and maintain the date of the last meter calibration in a legible condition at each meter at all times.

Date: 04/15/2024

Response: CA COMPLETED

Date of Completion: 04/04/2024

Operator Comment: The FlowBoss on location is not a measurement device. It was installed as a artificial lift system years ago. Its only function is to operate AL. The separator and meter for measurement are located North of MTW gate. It is a unique set up where the separator/meter is 2 miles away. See photos of the calibration records at that facility.

ECMC Decision: _____

ECMC Representative:	
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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: 4/25/2024 2:28:56 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>
403770015	Location of calibration records
403770018	Location of calibration records

Total Attach: 2 Files