

# State of Colorado Energy & Carbon Management Commission



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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	Phone	Email
<u>Romana Cowden</u>	<u>720-951-5895</u>	<u>COGCC.inspections@caerusoilandgas.com</u>

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  
Qtrqr: 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  
Qtrqr: 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:

**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