

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:
403733999

Date Received:
03/28/2024

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

ECMC INSPECTION SUMMARY:

FIR Document Number: 696205598
Inspection Date: 02/05/2024 FIR Submit Date: 02/08/2024 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: 335780

Location Name: CHEVRON-66S96W Number: 17SESW County: _____
Qtrqtr: SESW Sec: 17 Twp: 6S Range: 96W Meridian: 6
Latitude: 39.519810 Longitude: -108.133310

FACILITY - API Number: 05-045-00 Facility ID: 335780

Facility Name: CHEVRON-66S96W Number: 17SESW
Qtrqtr: SESW Sec: 17 Twp: 6S Range: 96W Meridian: 6
Latitude: 39.519810 Longitude: -108.133310

CORRECTIVE ACTIONS:

1 CA# 191856

Corrective Action: Maintain BMP to ensure containment is sufficiently impervious to contain spill or release. Date: _____

Response: CA COMPLETED Date of Completion: 03/25/2024

Operator Comment: Liner was replaced and a new liner was installed, see photos.

ECMC Decision: _____

ECMC
Representative:

3 CA# 191858

Corrective Action: Install or repair required BMPs per Rule 1002.f.

Date: _____

Response: CA COMPLETED

Date of Completion: 03/27/2024

Operator
Comment:

Additional work was complete on the sediment trap. Outlet was lined, and more rock was added - see photo.

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: 3/28/2024 5:41:09 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>
403733999	FIR RESOLUTION SUBMITTED
403734000	Updates to sediment trap
403734001	Liner was replaced

Total Attach: 3 Files