

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:
403734199

Date Received:
03/28/2024

FIR RESOLUTION FORM

Overall Status:

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: 696205628
Inspection Date: 02/27/2024 FIR Submit Date: 03/01/2024 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: 335781

Location Name: Parachute Creek Number: 5A County: _____
Qtrqr: Lot 1 Sec: 17 Twp: 6S Range: 96W Meridian: 6
Latitude: 39.528190 Longitude: -108.130220

FACILITY - API Number: 05-045-00 Facility ID: 335781

Facility Name: Parachute Creek Number: 5A
Qtrqr: Lot 1 Sec: 17 Twp: 6S Range: 96W Meridian: 6
Latitude: 39.528190 Longitude: -108.130220

CORRECTIVE ACTIONS:

1 CA# 192567

Corrective Action: CA Per FIR #696205582: Date: _____

Securely fasten all valves, pipes, fittings, and Production Facilities to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 608.e.

Response: CA COMPLETED Date of Completion: 03/06/2024

Operator Comment: We rebuilt leaking units and evaluate the rest to ensure the leak was stopped and prevent future occurrences.

ECMC Decision: _____

ECMC
Representative:

2 CA# 192568

Corrective Action: CA Per Inspection #696205582:

Install or repair required BMPs per Rule 1002.f.(2)C

Date: _____

Response: CA COMPLETED

Date of Completion: 02/23/2024

Operator
Comment:

Repaired, 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 8:21:44 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>
403734199	FIR RESOLUTION SUBMITTED
403734213	Road maintenance

Total Attach: 2 Files