

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:
403780305

Date Received:
05/06/2024

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: 702502530
Inspection Date: 03/28/2024 FIR Submit Date: 03/28/2024 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: 311838

Location Name: PICEANCE CREEK UNIT-61S96W Number: 29SENW County: RIO BLANCO
Qtrqtr: SENW Sec: 29 Twp: 1S Range: 96W Meridian: 6
Latitude: 39.943430 Longitude: -108.194240

FACILITY - API Number: 05-103-00 Facility ID: 261058

Facility Name: PICEANCE CREEK UNIT Number: T33X-29G
Qtrqtr: SENW Sec: 29 Twp: 1S Range: 96W Meridian: 6
Latitude: 39.943430 Longitude: -108.194240

CORRECTIVE ACTIONS:

5 CA# 193717

Corrective Action: The Tank battery sign will be no less than 3 square feet and no more than 6 square feet, and will provide: Name of the Operator; Telephone number at which the Operator can be reached at all times; Telephone number for local emergency services (911 where available); The public road used to access the Tank battery site; Well name(s) and API number(s) associated with the Tank battery and the legal location of the Well (s); and Location, including the quarter/quarter section, of the Tank battery.

Date: 04/28/2024

Response: CA COMPLETED Date of Completion: 04/30/2024

Sign was installed.

Operator _____
Comment: _____

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: 5/6/2024 12:22:27 PM _____

ATTACHMENT LIST

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

Document Number **Description**

| <u>Document Number</u> | <u>Description</u> |
|-------------------------------|---------------------------|
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Total Attach: 0 Files