

State of Colorado Energy & Carbon Management Commission



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Document Number:
403798856

Date Received:
05/21/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 1 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>COGCC.inspections@caerusoilandgas.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 701103978
Inspection Date: 04/17/2024 FIR Submit Date: 04/29/2024 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: 334653

Location Name: CLEM JR.-67S95W Number: 15NWNE County: _____
Qtrqtr: NWNE Sec: 15 Twp: 7S Range: 95W Meridian: 6
Latitude: 39.442670 Longitude: -107.982400

FACILITY - API Number: 05-045-00 Facility ID: 334653

Facility Name: CLEM JR.-67S95W Number: 15NWNE
Qtrqtr: NWNE Sec: 15 Twp: 7S Range: 95W Meridian: 6
Latitude: 39.442670 Longitude: -107.982400

CORRECTIVE ACTIONS:

1 CA# 194759

Corrective Action: In the Supplemental Form 19, identify the root cause of the failure and explain how reoccurrence on this pipeline and the other pipelines associated with this facility will be prevented, per Rule 912.d.(3). Coordinate with ECMC Western Integrity Inspector, Mike Longworth, regarding pipeline excavation, assessment, and repair. Provide a minimum 48-hours of advance notice to Mike Longworth via email (michael.longworth@state.co.us) prior to pressure testing of equipment.

Date: 05/10/2024

Response: CA COMPLETED Date of Completion: 05/06/2024

Form 19 Supplemental 403780226 provided root cause and reoccurrence prevention information and was submitted 5/6/2024.

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: 5/21/2024 1:06:37 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>

Total Attach: 0 Files