

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:

403799043

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

Romana Cowden

Phone

720-951-5895

Email

COGCC.inspections@caerusoilandgas.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 708301853

Inspection Date: 03/15/2024

FIR Submit Date: 03/18/2024

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: 335581

Location Name: CHEVRON-66S96W Number: 17SEnw County: _____

Qtrqtr: SENW Sec: 17 Twp: 6S Range: 96W Meridian: 6

Latitude: 39.526670 Longitude: -108.132330

FACILITY - API Number: 05-045- -00 Facility ID: 335581

Facility Name: CHEVRON-66S96W Number: 17SEnw

Qtrqtr: SENW Sec: 17 Twp: 6S Range: 96W Meridian: 6

Latitude: 39.526670 Longitude: -108.132330

CORRECTIVE ACTIONS:

1 CA# 193283

Corrective Action: 1002.f.(2): Oil and gas operators shall implement and maintain Best Management Practices (BMPs) at all oil and gas locations to control Stormwater runoff in a manner that minimizes erosion, transport of sediment offsite, and site degradation. BMPs shall be maintained until the facility is abandoned and final reclamation is achieved pursuant to Rule 1004.

Date: 04/17/2024

Response: CA COMPLETED

Date of Completion: 05/20/2024

Operator Comment: Work performed to address stormwater runoff in a manner that minimizes erosion, transport of sediment offsite, and site degradation

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 2:10:19 PM

ATTACHMENT LIST

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

Document Number **Description**

403799056	Tracking repaired
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Total Attach: 1 Files