

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:
403797310

Date Received:
05/20/2024

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 3 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: 702502537
Inspection Date: 04/02/2024 FIR Submit Date: 04/02/2024 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: 398836

Location Name: PICEANCE CREEK UNIT-62S97W Number: 11NWNW County: _____
Qtrqtr: NWN Sec: 11 Twp: 2S Range: 97W Meridian: 6
W
Latitude: 39.896025 Longitude: -108.254523

FACILITY - API Number: 05-103-00 Facility ID: 398836

Facility Name: PICEANCE CREEK UNIT-62S97W Number: 11NWNW
Qtrqtr: NWN Sec: 11 Twp: 2S Range: 97W Meridian: 6
W
Latitude: 39.896025 Longitude: -108.254523

CORRECTIVE ACTIONS:

3 CA# 193916

Corrective Action: When no associated Tank battery is present at the Oil and Gas Location, the following information is required on the Well sign: 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 Well; Well name(s) and API number(s); The legal location of the Well(s) including the quarter/quarter section.

Date: 05/03/2024

Response: CA COMPLETED

Date of Completion: 05/15/2024

Operator Comment: Sign was installed.

ECMC Decision: Approved pending re-inspection

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: 5/20/2024 2:14:03 PM

ATTACHMENT LIST

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

Document Number **Description**

403797310	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files