

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:

403798856

Date Received:

05/21/2024

## FIR RESOLUTION FORM

Overall Status: CAC

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

Romana Cowden

COGCC.inspections@caerusoilandgas.com

### 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:	Approved
ECMC Representative:	

<u>OPERATOR COMMENT AND SUBMITTAL</u>	
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.

<u>Document Number</u>	<u>Description</u>
403798856	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files