

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:

403844688

Date Received:

07/03/2024

## 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

COGCC.inspections@caerusoilandgas.com

**ECMC INSPECTION SUMMARY:**

FIR Document Number: 696205848

Inspection Date: 05/30/2024

FIR Submit Date: 06/10/2024

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: 433573**

Location Name: CUTTINGS AREA Number: UWF H04 596 County: \_\_\_\_\_

Qtrqtr: SWS Sec: 34 Twp: 4S Range: 96W Meridian: 6

Latitude: 39.652078 Longitude: -108.163686

**FACILITY - API Number: 05-045-00 Facility ID: 433573**

Facility Name: CUTTINGS AREA Number: UWF H04 596

Qtrqtr: SWS Sec: 34 Twp: 4S Range: 96W Meridian: 6

Latitude: 39.652078 Longitude: -108.163686

**CORRECTIVE ACTIONS:**

1 CA# 195765

Corrective Action: Comply with 1004 Rules- conduct additional weed manage efforts. Once weeds have been controlled, submit a new "Form 4- Final Reclamation Complete" notice.  
Perimeter fence also requires removal.

Date: 07/10/2024

Response: CA COMPLETED

Date of Completion: 06/28/2024

Form 4 Sundry #403844571 submitted to document weed and fence removal. Weeds were manually removed

Operator Comment:	prior to flowering.
ECMC Decision: _____	
ECMC Representative:	

<u>OPERATOR COMMENT AND SUBMITTAL</u>	
Comment:	This FIRR was submitted to document completion of corrective actions.
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.	
Print Name: Adam Roll	Signed: _____
Title: Contract - Rec Specialist	Date: 7/3/2024 11:39:01 AM

**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>

Total Attach: 0 Files