

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:
403853152

Date Received:
07/12/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 4 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: 696205850
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: 335928

Location Name: SG Number: E34 496 County:
Qtrqtr: SWN Sec: 34 Twp: 4S Range: 96W Meridian: 6
W
Latitude: 39.660280 Longitude: -108.160547

FACILITY - API Number: 05-045-00 Facility ID: 335928

Facility Name: SG Number: E34 496
Qtrqtr: SWN Sec: 34 Twp: 4S Range: 96W Meridian: 6
W
Latitude: 39.660280 Longitude: -108.160547

CORRECTIVE ACTIONS:

4 CA# 195782

Corrective Action: Submit, attached to a Form 4, an updated layout of the Location, both in its current phase and post interim reclamation. Include information such as topsoil stockpile locations and an update regarding facilities (temporary and permanent) on site. Date: 07/10/2024

Response: CA COMPLETED Date of Completion: 07/12/2024

Operator Comment: Form 4 sundry #403853119 submitted to provide requested detail. All flowback facility equipment is temporary and the pad will be returned to the pre-existing size following completion of flowback operations, as detailed in Form 4 #403434572. The Flowback Facility Arrangement drawing submitted in the Form 4 shows existing "permanent" equipment and the temporary equipment currently on site.

ECMC Decision: _____

ECMC
Representative:

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OPERATOR COMMENT AND SUBMITTAL

Comment: Requested documentation submitted.

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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: 7/12/2024 1:54:44 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