

# State of Colorado Energy & Carbon Management Commission



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Document Number:  
403859345

Date Received:  
07/18/2024

## FIR RESOLUTION FORM

**Overall Status:**

CA Summary:

1 of 2 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>CAERUS</u>		<u>COGCC.inspections@caerusoilandgas.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 708301855  
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: 335781

Location Name: Parachute Creek Number: 5A County: \_\_\_\_\_  
Qtrqtr: Lot 1 Sec: 17 Twp: 6S Range: 96W Meridian: 6  
Latitude: 39.528190 Longitude: -108.130220

FACILITY - API Number: 05-045- -00 Facility ID: 335781

Facility Name: Parachute Creek Number: 5A  
Qtrqtr: Lot 1 Sec: 17 Twp: 6S Range: 96W Meridian: 6  
Latitude: 39.528190 Longitude: -108.130220

CORRECTIVE ACTIONS:

**2** CA# 193285

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: 04/02/2024

Response: CA COMPLETED Date of Completion: 07/10/2024

Operator Comment: Addressed location surface stabilization issues with material and compaction. Location perimeter improved to comply with BMP and storm water runoff.

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: Joey Gracey

Signed: \_\_\_\_\_

Title: Compliance

Date: 7/18/2024 1:43:47 PM

**ATTACHMENT LIST**

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

<b>Document Number</b>	<b>Description</b>
403859348	PC5A Location Surface Pic 1
403859349	PC5A Location Surface Pic 1

Total Attach: 2 Files