

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:

403855432

Date Received:

07/16/2024

## FIR RESOLUTION FORM

Overall Status: CAC

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

Romana Cowden

Phone

720-951-5895

Email

COGCC.inspections@caerusoilandgas.com

### ECMC INSPECTION SUMMARY:

FIR Document Number: 708301682

Inspection Date: 02/13/2024

FIR Submit Date: 02/16/2024

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: 335687

Location Name: UNOCAL-66S96W Number: 9SWSW County: \_\_\_\_\_

Qtrqtr: SWS Sec: 9 Twp: 6S Range: 96W Meridian: 6  
W

Latitude: 39.532940 Longitude: -108.120940

### FACILITY - API Number: 05-045- -00 Facility ID: 335687

Facility Name: UNOCAL-66S96W Number: 9SWSW

Qtrqtr: SWS Sec: 9 Twp: 6S Range: 96W Meridian: 6  
W

Latitude: 39.532940 Longitude: -108.120940

### CORRECTIVE ACTIONS:

4 ☒ CA# 192168

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: 03/02/2024

Response: CA COMPLETED

Date of Completion: 07/13/2024

Repaired.

Operator \_\_\_\_\_  
Comment: \_\_\_\_\_

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: 7/16/2024 6:37:09 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>
403855432	FIR RESOLUTION SUBMITTED
403855433	Surfaces bladed/graded
403855434	Surfaces bladed/graded
403855435	Surfaces bladed/graded
403855436	Surfaces bladed/graded

Total Attach: 5 Files