

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:  
403870286

Date Received:  
07/30/2024

**FIR RESOLUTION FORM**

Overall Status: CAC

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 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>Romana Cowden</u>	<u>720-951-5895</u>	<u>COGCC.inspections@caerusoilandgas.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 696205858  
Inspection Date: 05/30/2024 FIR Submit Date: 06/11/2024 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: 483521

Location Name: ELU Number: A18-495 County: \_\_\_\_\_  
Pad  
Qtrqr: Lot 3 Sec: 18 Twp: 4S Range: 95W Meridian: 6  
Latitude: 39.709112 Longitude: -108.105039

FACILITY - API Number: 05-103- -00 Facility ID: 483521

Facility Name: ELU Number: A18-495  
Pad  
Qtrqr: Lot 3 Sec: 18 Twp: 4S Range: 95W Meridian: 6  
Latitude: 39.709112 Longitude: -108.105039

CORRECTIVE ACTIONS:

**1**  CA# 195809

Corrective Action: Comply with Rule 605.a. Date: 07/11/2024

Response: CA COMPLETED Date of Completion: 07/24/2024

Operator Comment: Sign was installed

ECMC Decision: Approved

ECMC Representative: Approved per photo documentation attached.

**2**  CA# 195810

Corrective Action: Comply with Rule 608.e.(3)B and C Date: 06/26/2024

Response: CA COMPLETED Date of Completion: 06/07/2024

Operator Comment: Covers were added, and rig will be arriving early August.

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: 7/30/2024 9:53:44 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>
403870286	FIR RESOLUTION SUBMITTED
403870295	Location Sign

Total Attach: 2 Files