

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:

403870318

Date Received:

07/30/2024

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 3 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: 708301749

Inspection Date: 02/26/2024

FIR Submit Date: 02/26/2024

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: 334154

Location Name: FEDERAL-68S96W Number: 13SWSW County: _____

Qtrqtr: SWS Sec: 13 Twp: 8S Range: 96W Meridian: 6
W

Latitude: 39.345000 Longitude: -108.064380

FACILITY - API Number: 05-077- -00 Facility ID: 334154

Facility Name: FEDERAL-68S96W Number: 13SWSW

Qtrqtr: SWS Sec: 13 Twp: 8S Range: 96W Meridian: 6
W

Latitude: 39.345000 Longitude: -108.064380

CORRECTIVE ACTIONS:

3 ☒ CA# 192459

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: 03/12/2024

Response: CA COMPLETED

Date of Completion: 05/31/2024

BMPs were maintained,

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: 7/30/2024 10:12:57 AM

ATTACHMENT LIST

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

Document Number **Description**

403870318	FIR RESOLUTION SUBMITTED
403870353	Tracking Maintained

Total Attach: 2 Files