

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:
403871682

Date Received:
07/31/2024

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 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>(970) 285-2600</u>	<u>COGCC.inspections@caerusoilandgas.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 715500283
Inspection Date: 06/25/2024 FIR Submit Date: 06/25/2024 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: 315086

Location Name: U S A-PICEANCE CREEK-62S97W Number: 13NWNE County: RIO BLANCO
Qtrqtr: NWNE Sec: 13 Twp: 2S Range: 97W Meridian: 6
Latitude: 39.881040 Longitude: -108.224700

FACILITY - API Number: 05-103-00 Facility ID: 230231

Facility Name: U S A-PICEANCE CREEK Number: F31-13G
Qtrqtr: NWNE Sec: 13 Twp: 2S Range: 97W Meridian: 6
Latitude: 39.881040 Longitude: -108.224700

CORRECTIVE ACTIONS:

1 CA# 196171

Corrective Action: When no associated Tank battery is present at the Oil and Gas Location, the following information is required on the Well sign: Name of the Operator; Telephone number at which the Operator can be reached at all times; Telephone number for local emergency services (911 where available); The public road used to access the Well; Well name(s) and API number(s); The legal location of the Well(s) including the quarter/quarter section.

Date: 07/26/2024

Response: CA COMPLETED Date of Completion: 07/29/2024

Installed sign

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: Nick Croy Signed: _____

Title: Compliance Date: 7/31/2024 7:02:37 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>
403871682	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files