

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:

403918166

Date Received:

09/12/2024

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

Caerus

COGCC.inspections@caerusoilandgas.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 708904538

Inspection Date: 09/06/2024

FIR Submit Date: 09/09/2024

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: 334140

Location Name: MCU-67S92W Number: 32SWNE County: _____

Qtrqtr: SWNE Sec: 32 Twp: 7S Range: 92W Meridian: 6

Latitude: 39.405990 Longitude: -107.688230

FACILITY - API Number: 05-045- -00 Facility ID: 334140

Facility Name: MCU-67S92W Number: 32SWNE

Qtrqtr: SWNE Sec: 32 Twp: 7S Range: 92W Meridian: 6

Latitude: 39.405990 Longitude: -107.688230

CORRECTIVE ACTIONS:

1 ☒ CA# 198518

Corrective Action: The liner will be sufficiently impervious so that any discharge from a primary containment system will not escape containment before cleanup occurs.

Date: 09/29/2024

Response: CA COMPLETED

Date of Completion: 09/11/2024

Operator Comment: Repaired liner. See photos.

ECMC Decision: Approved pending re-inspection

ECMC Representative:			
2	✔	CA# 198519	
Corrective Action:	Comply with CECMC pressure safety device rules		Date: 09/16/2024
Response:	CA COMPLETED		Date of Completion: 09/09/2024
Operator Comment:	Installed rain cap on vent line. See photo		
ECMC Decision:	Approved pending re-inspection		
ECMC Representative:			

<u>OPERATOR COMMENT AND SUBMITTAL</u>	
Comment:	
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.	
Print Name: Justin Johnson	Signed: _____
Title: Compliance	Date: 9/12/2024 7:48:13 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>
403918166	FIR RESOLUTION SUBMITTED
403918172	Liner repaired.
403918173	Rain cap installed

Total Attach: 3 Files