

State of Colorado Energy & Carbon Management Commission



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Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:
403995715

Date Received:
11/14/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

3 of 3 CAs from the FIR responded to on this Form

3 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>ENERGY_QB</u>		<u>ecmc.inspections@qb-energy.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 713400453
Inspection Date: 11/04/2024 FIR Submit Date: 11/09/2024 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: 448427

Location Name: Mesa Number: N23-697 County: _____
Qtrqtr: SESW Sec: 23 Twp: 6S Range: 97W Meridian: 6
Latitude: 39.503186 Longitude: -108.188086

FACILITY - API Number: 05-045- -00 Facility ID: 448427

Facility Name: Mesa Number: N23-697
Qtrqtr: SESW Sec: 23 Twp: 6S Range: 97W Meridian: 6
Latitude: 39.503186 Longitude: -108.188086

CORRECTIVE ACTIONS:

1 CA# 200371

Corrective Action: Comply with CECMC labeling rules Date: 12/11/2024

Response: CA COMPLETED Date of Completion: 11/14/2024

Operator Comment: Installed new tank labels to comply with ECMC Rules.

ECMC Decision: _____

ECMC
Representative:

2 CA# 200372

Corrective Action: Comply with CECMC pressure safety device rules

Date: 11/17/2024

Response: CA COMPLETED

Date of Completion: 11/14/2024

Operator Comment: Installed "rain caps" on pressure relief devices to comply with ECMC rules.

ECMC Decision:

ECMC
Representative:

3 CA# 200373

Corrective Action: The storage or placement of equipment and supplies not necessary for use on location is prohibited

Date: 12/11/2024

Response: CA COMPLETED

Date of Completion: 11/07/2024

Operator Comment: Removed unused equipment from location.

ECMC Decision:

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: Joey Gracey

Signed:

Title: Compliance

Date: 11/14/2024 4:15:01 PM

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>
403995719	Installed Rain Cap
403995720	Label 1
403995721	Label 2
403995722	Label 3
403995723	Label 4
403995728	Label 5
403995730	Label 6
403995740	Removed Unused Equipment

Total Attach: 8 Files