

State of Colorado Energy & Carbon Management Commission



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

Document Number:
404011638

Date Received:
12/02/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 2 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>Energy_QB</u>	<u>(970) 285-2600</u>	<u>ecmc.inspections@qb-energy.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 715500867
Inspection Date: 10/28/2024 FIR Submit Date: 10/29/2024 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: 336007

Location Name: FREEDOM UNIT-61S97W Number: 33SWNE County: _____
Qtrqtr: SWNE Sec: 33 Twp: 1S Range: 97W Meridian: 6
Latitude: 39.921401 Longitude: -108.282531

FACILITY - API Number: 05-103-00 Facility ID: 336007

Facility Name: FREEDOM UNIT-61S97W Number: 33SWNE
Qtrqtr: SWNE Sec: 33 Twp: 1S Range: 97W Meridian: 6
Latitude: 39.921401 Longitude: -108.282531

CORRECTIVE ACTIONS:

2 CA# 200149

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: 11/28/2024

Response: CA COMPLETED Date of Completion: 11/27/2024

Operator Comment: Sign was installed

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: Nick Croy

Signed: _____

Title: Compliance

Date: 12/2/2024 11:16:04 AM

ATTACHMENT LIST

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

Document Number **Description**

404011638	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files