

State of Colorado Energy & Carbon Management Commission



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Document Number:
404048269

Date Received:
01/06/2025

FIR RESOLUTION FORM

Overall Status:

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>Schlagenhauf, Mark</u>		<u>mark.schlagenhauf@state.co.us</u>
-		<u>ecmc.inspections@qb-energy.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 701104074
Inspection Date: 09/12/2024 FIR Submit Date: 09/24/2024 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: _____

Location Name: _____ Number: _____ County: _____
Qtrqtr: NESW Sec: 31 Twp: 6S Range: 96W Meridian: 6
Latitude: 39.478780 Longitude: -108.151840

FACILITY - API Number: 05-045-00 Facility ID: 487763

Facility Name: Starkey Gathering Line Number: _____
Qtrqtr: NESW Sec: 31 Twp: 6S Range: 96W Meridian: 6
Latitude: 39.478780 Longitude: -108.151840

CORRECTIVE ACTIONS:

1 CA# 198992

Corrective Action: In the Supplemental Form 19, identify the root cause of the failure and explain how reoccurrence on this pipeline and the other pipelines associated with this facility will be prevented, per Rule 912.d.(3). Coordinate with ECMC Western Integrity Inspector, Mike Longworth, regarding pipeline excavation, assessment, and repair. Provide a minimum 48-hours of advance notice to Mike Longworth via email (michael.longworth@state.co.us) prior to pressure testing of equipment.

Date: _____

Response: CA COMPLETED Date of Completion: 12/31/2024

ecmc.inspections@qb-energy.com

Operator
Comment:

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: 1/6/2025 10:53:04 AM

ATTACHMENT LIST

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

Document Number **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files