

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:
404098234

Date Received:
02/18/2025

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 3 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
<u>Haverkamp, Curtis</u>		<u>curtis.haverkamp@state.co.us</u>
<u>QB Energy</u>		<u>ecmc.inspections@qb-energy.com</u>
<u>Katz, Aaron</u>		<u>aaron.katz@state.co.us</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 708905735
Inspection Date: 02/11/2025 FIR Submit Date: 02/12/2025 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: 334951

Location Name: HILL-67S92W Number: 16NWNE County: _____
Qtrqtr: NWNE Sec: 16 Twp: 7S Range: 92W Meridian: 6
Latitude: 39.450390 Longitude: -107.670660

FACILITY - API Number: 05-045-00 Facility ID: 334951

Facility Name: HILL-67S92W Number: 16NWNE
Qtrqtr: NWNE Sec: 16 Twp: 7S Range: 92W Meridian: 6
Latitude: 39.450390 Longitude: -107.670660

CORRECTIVE ACTIONS:

1 CA# 202516

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: 03/04/2025

Response: CA COMPLETED Date of Completion: 02/13/2025

Operator Comment: Repaired liner.

ECMC Decision: _____

ECMC
Representative:

2 CA# 202517

Corrective Action: Comply with CECMC wildlife rules

Date: 02/19/2025

Response: CA COMPLETED

Date of Completion: 02/13/2025

Operator
Comment: Covered flowline insulation opening.

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: Justin Johnson

Signed: _____

Title: Compliance

Date: 2/18/2025 3:09:55 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>
404098234	FIR RESOLUTION SUBMITTED
404098247	Covered flowline insulation.
404098275	Liner repaired.

Total Attach: 3 Files