

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:
404243507

Date Received:
06/17/2025

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: 10844
Name of Operator: QB ENERGY OPERATING LLC
Address: 1001 17TH STREET SUITE 1600
City: DENVER State: CO Zip: 80202

Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Romana Cowden</u>	<u>720-951-5895</u>	<u>ecmc.inspections@qb-energy.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 718100322
Inspection Date: 03/17/2025 FIR Submit Date: 03/21/2025 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: 335928

Location Name: SG Number: E34 496 County: _____
Qtrqtr: SWN Sec: 34 Twp: 4S Range: 96W Meridian: 6
W
Latitude: 39.660280 Longitude: -108.160547

FACILITY - API Number: 05-045-00 Facility ID: 335928

Facility Name: SG Number: E34 496
Qtrqtr: SWN Sec: 34 Twp: 4S Range: 96W Meridian: 6
W
Latitude: 39.660280 Longitude: -108.160547

CORRECTIVE ACTIONS:

2 CA# 203544

Corrective Action: Submit, attached to a Form 4, a schedule of planned reclamation activities for the SG E34-496, including date 1003 interim reclamation work will be completed. Request that the Sundry is routed to Reclamation Work Lead Trujillo.

Date: 03/28/2025

It is ECMC's expectation that every reasonable effort shall be made to complete reclamation before the next local growing season, pursuant to 1000 series requirements.

Response: CA COMPLETED

Date of Completion: 03/25/2025

Operator
Comment:

Form 4 Sundry #404140726 was submitted detailing the status of the E34 496 reclamation.

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: Romana Cowden

Signed: _____

Title: EHS

Date: 6/17/2025 11:10:07 AM

ATTACHMENT LIST

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

Document Number **Description**

404243507	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files