

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:
403404024

Date Received:
05/16/2023

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 2 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC 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>Romana Cowden</u>	<u>720-951-5895</u>	<u>COGCC.inspections@caerusoilandgas.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 708900464

Inspection Date: 05/12/2023

FIR Submit Date: 05/12/2023

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: 324094

Location Name: MAMM MOUNTAIN RANCH-67S92W Number: 20NENE County: GARFIELD

Qtrqtr: NENE Sec: 20 Twp: 7S Range: 92W Meridian: 6

Latitude: 39.439200 Longitude: -107.682240

FACILITY - API Number: 05-045-00 Facility ID: 256757

Facility Name: MAMM MOUNTAIN RANCH Number: 17-16 (A20E)

Qtrqtr: NENE Sec: 20 Twp: 7S Range: 92W Meridian: 6

Latitude: 39.439200 Longitude: -107.682240

CORRECTIVE ACTIONS:

2 CA# 170905

Corrective Action: Operators shall implement BMPs in accordance with good engineering practices, including measures such as: Materials handling and spill prevention procedures and practices implemented for material handling and spill prevention of materials used, stored, or disposed of that could result in discharges causing pollution of surface waters.

Date: 05/13/2023

Response: CA COMPLETED Date of Completion: 05/12/2023

Summit's containment was pulled.

Operator: _____
Comment: _____

COGCC Decision: Approved pending re-inspection

COGCC 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: 5/16/2023 6:24:12 AM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
403404024	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files