

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:

403505428

Date Received:

08/22/2023

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

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

Romana Cowden

Phone

720-951-5895

Email

COGCC.inspections@caerusoilandgas.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 708901174

Inspection Date: 07/27/2023

FIR Submit Date: 07/30/2023

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: 334790

Location Name: SHIDELER-67S92W Number: 19SWSE County: _____

Qtrqtr: SWSE Sec: 19 Twp: 7S Range: 92W Meridian: 6

Latitude: 39.426330 Longitude: -107.706200

FACILITY - API Number: 05-045-00 Facility ID: 334790

Facility Name: SHIDELER-67S92W Number: 19SWSE

Qtrqtr: SWSE Sec: 19 Twp: 7S Range: 92W Meridian: 6

Latitude: 39.426330 Longitude: -107.706200

CORRECTIVE ACTIONS:

1 CA# 176760

Corrective Action: Oil and gas operators shall implement and maintain Best Management Practices (BMPs) at all oil and gas locations to control stormwater runoff in a manner that minimizes erosion, transport of sediment offsite, and site degradation. BMPs shall be maintained until the facility is abandoned and final reclamation is achieved.

Date: 08/14/2023

Response: CA COMPLETED

Date of Completion: 08/09/2023

Operator Comment: Repaired erosion on pad and access road. Installed gravel on pad and access road. Also installed rock VTC at entrance of location.

COGCC Decision: _____

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: 8/22/2023 12:54:34 PM

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>
-------------------------------	---------------------------

--	--

Total Attach: 0 Files