

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:

403505629

Date Received:

08/22/2023

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

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: 708901151

Inspection Date: 07/26/2023

FIR Submit Date: 07/27/2023

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: 334836

Location Name: DUNN-66S92W Number: 32SESE County: _____

Qtrqtr: SESE Sec: 32 Twp: 6S Range: 92W Meridian: 6

Latitude: 39.478530 Longitude: -107.684390

FACILITY - API Number: 05-045-00 Facility ID: 334836

Facility Name: DUNN-66S92W Number: 32SESE

Qtrqtr: SESE Sec: 32 Twp: 6S Range: 92W Meridian: 6

Latitude: 39.478530 Longitude: -107.684390

CORRECTIVE ACTIONS:

1 CA# 176611

Corrective Action: Operators will prevent & minimize adverse impacts to wildlife resources.

Date: 08/03/2023

Response: CA COMPLETED

Date of Completion: 08/22/2023

Operator
Comment:

Repaired.

COGCC Decision: _____

COGCC Representative: _____

2 CA# 176612

Corrective Action: All guy line anchors left buried for future use will be identified by a marker of bright color not less than 4 feet in height and not greater than 1 foot east of the guy line anchor.

Date: 08/10/2023

Mark or remove

Response: CA COMPLETED

Date of Completion: 08/22/2023

Operator Comment: Replaced.

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 2:25:03 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>
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Total Attach: 0 Files