

# State of Colorado Energy & Carbon Management Commission



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Document Number:  
403533962

Date Received:  
09/19/2023

## FIR RESOLUTION FORM

**Overall Status:**

CA Summary:

1 of 3 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: 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:

**3** CA# 176613

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: 08/11/2023

Response: CA COMPLETED Date of Completion: 08/14/2023

Operator Comment: Repaired culvert inlet and outlet, repaired erosion, installed armoring at culvert inlet and outlet, and installed check dams. See photos.

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: 9/19/2023 7:21:01 AM

**ATTACHMENT LIST**

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

<b>Document Number</b>	<b>Description</b>
403533965	BMPs Repaired.
403533966	BMPs Repaired.
403533967	BMPs Repaired.

Total Attach: 3 Files