

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:
403536805

Date Received:
09/21/2023

FIR RESOLUTION FORM

Overall Status:

CA Summary:

4 of 5 CAs from the FIR responded to on this Form

4 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: 708901438

Inspection Date: 08/21/2023

FIR Submit Date: 08/30/2023

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: 415673

Location Name: SGV FEDERAL Number: 6-44C (PAD 8D) County: _____

Qtrqtr: NWN Sec: 8 Twp: 8S Range: 95W Meridian: 6

Latitude: 39.381712 Longitude: -108.026225

FACILITY - API Number: 05-045-00 Facility ID: 415673

Facility Name: SGV FEDERAL Number: 6-44C (PAD 8D)

Qtrqtr: NWN Sec: 8 Twp: 8S Range: 95W Meridian: 6

Latitude: 39.381712 Longitude: -108.026225

CORRECTIVE ACTIONS:

2 CA# 179717

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

Date: 09/14/2023

Response: CA COMPLETED

Date of Completion: 09/06/2023

Operator Comment: Capped.

COGCC Decision: _____

COGCC
Representative:

3 CA# 179718

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

Date: 09/14/2023

Response: CA COMPLETED

Date of Completion: 09/06/2023

Operator
Comment:

Complete.

COGCC Decision: _____

COGCC
Representative:

4 CA# 179719

Corrective Action: All Tanks with a capacity of 10 Barrels or greater will be labeled or posted with the following information:

Date: 10/29/2023

A. Name of Operator;
B. Operator's emergency contact telephone number;
C. Tank capacity;
D. Tank contents; and
E. NFPA label or equivalent globally harmonized label.

Response: CA COMPLETED

Date of Completion: 09/06/2023

Operator
Comment:

Complete.

COGCC Decision: _____

COGCC
Representative:

5 CA# 179720

Corrective Action: All load lines will be capped or plugged

Date: 09/14/2023

Response: CA COMPLETED

Date of Completion: 09/06/2023

Operator
Comment:

Plugged.

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: 9/21/2023 7:15:01 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>

Total Attach: 0 Files