

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:

403538397

Date Received:

09/22/2023

## FIR RESOLUTION FORM

### Overall Status:

#### CA Summary:

1 of 6 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: 696205184

Inspection Date: 08/21/2023

FIR Submit Date: 08/23/2023

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: 478266

Location Name: BJU Number: M23A-496 Pad County: \_\_\_\_\_

Qtrqr: Lot 6 Sec: 23 Twp: 4S Range: 96W Meridian: 6

Latitude: 39.684578 Longitude: -108.140702

#### FACILITY - API Number: 05-045-00 Facility ID: 478266

Facility Name: BJU Number: M23A-496 Pad

Qtrqr: Lot 6 Sec: 23 Twp: 4S Range: 96W Meridian: 6

Latitude: 39.684578 Longitude: -108.140702

### CORRECTIVE ACTIONS:

4 CA# 179946

Corrective Action: Comply with Form 2A permit conditions and Rule 1002.f; install or repair required stormwater and erosion control measures in accordance with good engineering practices, and ensure controls are maintained in a proper functioning condition.

Date: 07/20/2023

Response: CA COMPLETED

Date of Completion: 09/22/2023

Operator  
Comment:

Form 4 doc 403538330 submitted 9/22/2023 to updated location drawing with an as-built plat.

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: 9/22/2023 9:53:10 AM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

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Total Attach: 0 Files