

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:  
403543980

Date Received:  
09/28/2023

## FIR RESOLUTION FORM

Overall Status: CAC

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: 708901477

Inspection Date: 08/28/2023

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: 334853

Location Name: SHIDELER-66S92W Number: 32SWNE County: \_\_\_\_\_

Qtrqr: SWNE Sec: 32 Twp: 6S Range: 92W Meridian: 6

Latitude: 39.485530 Longitude: -107.688640

### FACILITY - API Number: 05-045-00 Facility ID: 334853

Facility Name: SHIDELER-66S92W Number: 32SWNE

Qtrqr: SWNE Sec: 32 Twp: 6S Range: 92W Meridian: 6

Latitude: 39.485530 Longitude: -107.688640

### CORRECTIVE ACTIONS:

6 ☒ CA# 179741

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: 09/14/2023

Response: CA COMPLETED

Date of Completion: 09/15/2023

Operator Comment: Stockpile has been removed.

COGCC Decision: Approved pending re-inspection

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: 9/28/2023 8:08:57 AM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

403543980	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files