

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:

403568677

Date Received:

10/23/2023

## FIR RESOLUTION FORM

### Overall Status:

#### CA Summary:

1 of 1 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: 708901842

Inspection Date: 10/03/2023

FIR Submit Date: 10/04/2023

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: 334693

Location Name: COUEY-67S93W Number: 24SENW County: \_\_\_\_\_

Qtrqtr: SENW Sec: 24 Twp: 7S Range: 93W Meridian: 6

Latitude: 39.434340 Longitude: -107.727120

#### FACILITY - API Number: 05-045-00 Facility ID: 334693

Facility Name: COUEY-67S93W Number: 24SENW

Qtrqtr: SENW Sec: 24 Twp: 7S Range: 93W Meridian: 6

Latitude: 39.434340 Longitude: -107.727120

### CORRECTIVE ACTIONS:

1 CA# 183033

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: 10/19/2023

Response: CA COMPLETED

Date of Completion: 10/16/2023

Operator  
Comment:

Graded pad surface and installed rock VTC at pad entrance.

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: 10/23/2023 9:25:13 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