

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: CAC

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: _____

Qtrqr: 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

Qtrqr: 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: 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: 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**

403568677	FIR RESOLUTION SUBMITTED
-----------	--------------------------

Total Attach: 1 Files