

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:

403583277

Date Received:

11/03/2023

FIR RESOLUTION FORM

Overall Status:

CA Summary:

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

3 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: 707800664

Inspection Date: 10/11/2023

FIR Submit Date: 10/13/2023

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: 324224

Location Name: ASPEN RM-67S92W Number: 10SENW County: _____

Qtrqtr: SENW Sec: 10 Twp: 7S Range: 92W Meridian: 6

Latitude: 39.462000 Longitude: -107.656310

FACILITY - API Number: 05-045- -00 Facility ID: 324224

Facility Name: ASPEN RM-67S92W Number: 10SENW

Qtrqtr: SENW Sec: 10 Twp: 7S Range: 92W Meridian: 6

Latitude: 39.462000 Longitude: -107.656310

CORRECTIVE ACTIONS:

2 CA# 185025

Corrective Action: Eliminate possibility of wildlife to enter open lines

Date: 10/20/2023

Response: CA COMPLETED

Date of Completion: 10/27/2023

Operator
Comment:

Capped.

COGCC Decision: _____

COGCC Representative: _____

3 CA# 185026

Corrective Action: Remove stored equipment Date: 11/24/2023

Response: CA COMPLETED Date of Completion: 10/27/2023

Operator Comment: Removed.

COGCC Decision: _____

COGCC Representative: _____

4 CA# 185027

Corrective Action: Remove debris Date: 10/20/2023

Response: CA COMPLETED Date of Completion: 10/27/2023

Operator Comment: Debris were removed.

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: 11/3/2023 10:01:32 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>
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Total Attach: 0 Files