

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:

403628462

Date Received:

12/18/2023

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 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: 708902390

Inspection Date: 11/29/2023

FIR Submit Date: 12/03/2023

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: 334676

Location Name: SHAEFFER-67S93W Number: 13NWNW County: _____

Qtrqr: NWN Sec: 13 Twp: 7S Range: 93W Meridian: 6
W

Latitude: 39.451540 Longitude: -107.730080

FACILITY - API Number: 05-045- -00 Facility ID: 334676

Facility Name: SHAEFFER-67S93W Number: 13NWNW

Qtrqr: NWN Sec: 13 Twp: 7S Range: 93W Meridian: 6
W

Latitude: 39.451540 Longitude: -107.730080

CORRECTIVE ACTIONS:

1 CA# 188821

Corrective Action: The liner will be sufficiently impervious so that any discharge from a primary containment system will not escape containment before cleanup occurs.

Date: 12/23/2023

Response: CA COMPLETED

Date of Completion: 12/05/2023

Operator
Comment:

Liner was repaired.

COGCC Decision: _____

COGCC
Representative: _____

2 CA# 188822

Corrective Action: All Tanks with a capacity of 10 Barrels or greater will be labeled or posted with the following information:

Date: 01/02/2024

- A. Name of Operator;
- B. Operator's emergency contact telephone number;
- C. Tank capacity;
- D. Tank contents; and
- E. NFPA label or equivalent globally harmonized label.

Response: CA COMPLETED

Date of Completion: 12/05/2023

Operator
Comment: Label was replaced.

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: 12/18/2023 2:34:07 PM

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