

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:  
403642145

Date Received:  
01/02/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

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

0 CA Completed  
1 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	Phone	Email
Romana Cowden	720-951-5895	COGCC.inspections@caerusoilandgas.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 696205499  
Inspection Date: 12/20/2023 FIR Submit Date: 12/29/2023 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: 334935

Location Name: BOULTON-66S92W Number: 33SWNE County:  
Qtrqtr: SWNE Sec: 33 Twp: 6S Range: 92W Meridian: 6  
Latitude: 39.484361 Longitude: -107.667303

FACILITY - API Number: 05-045-00 Facility ID: 334935

Facility Name: BOULTON-66S92W Number: 33SWNE  
Qtrqtr: SWNE Sec: 33 Twp: 6S Range: 92W Meridian: 6  
Latitude: 39.484361 Longitude: -107.667303

CORRECTIVE ACTIONS:

1 CA# 189686

Corrective Action: Securely fasten all valves, pipes, fittings, and Production Facilities to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 608.e.

Date: 12/27/2023

Remove and properly dispose fluids spilled into containment.

Response: FACTUAL REVIEW REQUEST

Basis for Review: Equipment is not owned or controlled by the operator

This equipment is not operated by Caerus. I believe it belongs to Summit.

Operator \_\_\_\_\_  
Comment: \_\_\_\_\_

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: 1/2/2024 2:53:16 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

<b><u>Document Number</u></b>	<b><u>Description</u></b>

Total Attach: 0 Files