

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:

403653165

Date Received:

01/12/2024

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: 696205336

Inspection Date: 10/09/2023

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: 335455

Location Name: PUCKETT-66S97W Number: 24SWNW County: _____

Qtrqr: SWN Sec: 24 Twp: 6S Range: 97W Meridian: 6
W

Latitude: 39.509810 Longitude: -108.173750

FACILITY - API Number: 05-045- -00 Facility ID: 335455

Facility Name: PUCKETT-66S97W Number: 24SWNW

Qtrqr: SWN Sec: 24 Twp: 6S Range: 97W Meridian: 6
W

Latitude: 39.509810 Longitude: -108.173750

CORRECTIVE ACTIONS:

1 CA# 185012

Corrective Action: Comply with Rule 605.e

Date: 10/09/2023

Response: CA COMPLETED

Date of Completion: 12/29/2023

Operator
Comment:

Sign was installed.

COGCC Decision: _____

	COGCC Representative:		
--	-----------------------	--	--

2

CA# 185013

Corrective Action: Comply with Rule 605.h

Date: 10/09/2023

Response: CA COMPLETED

Date of Completion: 12/29/2023

Operator Comment:

Complete.

COGCC Decision:

COGCC Representative:

3

CA# 185014

Corrective Action: Comply with 606 rules.

Date: 10/09/2023

Response: CA COMPLETED

Date of Completion: 12/29/2023

Operator Comment:

Complete.

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: 1/12/2024 10:51:19 AM

ATTACHMENT LIST

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

Document Number	Description

Total Attach: 0 Files