

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:
403653785

Date Received:
01/12/2024

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: 708902542

Inspection Date: 12/14/2023

FIR Submit Date: 12/17/2023

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: 334732

Location Name: ENCANA-67S95W Number: 21NWNW County: _____

Qtrqtr: NWN Sec: 21 Twp: 7S Range: 95W Meridian: 6
W

Latitude: 39.429360 Longitude: -108.009200

FACILITY - API Number: 05-045-00 Facility ID: 334732

Facility Name: ENCANA-67S95W Number: 21NWNW

Qtrqtr: NWN Sec: 21 Twp: 7S Range: 95W Meridian: 6
W

Latitude: 39.429360 Longitude: -108.009200

CORRECTIVE ACTIONS:

1 CA# 189254

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: 01/06/2024

Response: CA COMPLETED

Date of Completion: 01/02/2024

Operator
Comment: Repaired.

COGCC Decision: _____

COGCC
Representative:

2 CA# 189255

Corrective Action: Comply with CECMC BRADENHEAD MONITORING, TESTING, AND REPORTING RULES & also contact CECMC Engineering group on observed compliance issues.

Date: 01/15/2024

Response: CA COMPLETED

Date of Completion: 12/21/2023

Operator Comment: Performed Form 17 BH Test and submitted (Doc ID 403631608) and then based on test results submitted a Form 4 BH mitigation plan (Doc ID 403632921).

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 3:05:57 PM

ATTACHMENT LIST

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

Document Number **Description**

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Total Attach: 0 Files