

State of Colorado  
Energy & Carbon Management Commission



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Document Number:

403662482

Date Received:

01/22/2024

## 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: 708902467

Inspection Date: 12/07/2023

FIR Submit Date: 12/10/2023

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: 334317

Location Name: BATTLEMENT MESA-67S95W Number: 27SESE County: \_\_\_\_\_

Qtrqtr: SESE Sec: 27 Twp: 7S Range: 95W Meridian: 6

Latitude: 39.402550 Longitude: -107.974852

### FACILITY - API Number: 05-045-00 Facility ID: 334317

Facility Name: BATTLEMENT MESA-67S95W Number: 27SESE

Qtrqtr: SESE Sec: 27 Twp: 7S Range: 95W Meridian: 6

Latitude: 39.402550 Longitude: -107.974852

### CORRECTIVE ACTIONS:

1 CA# 189103

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

Date: 01/09/2024

- 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: 12/14/2023

Complete.

Operator Comment:			
COGCC Decision: _____			
COGCC Representative:			

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CA# 189104

Corrective Action:	Vents on pressure safety devices will be designed to be clear and free of debris and water at all times.	Date: <u>12/17/2023</u>
Response:	CA COMPLETED	Date of Completion: <u>12/14/2023</u>
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: <u>Romana Cowden</u>	Signed: _____
Title: <u>EHS</u>	Date: <u>1/22/2024 3:30:35 PM</u>

### 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>

Total Attach: 0 Files