

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:

403661673

Date Received:

01/22/2024

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 3 CAs from the FIR responded to on this Form

1 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: 708902505

Inspection Date: 12/11/2023

FIR Submit Date: 12/13/2023

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: 334667

Location Name: RULISON FEDERAL-67S94W Number: 1SWSW County: _____

Qtrqtr: SWS Sec: 1 Twp: 7S Range: 94W Meridian: 6
W

Latitude: 39.462810 Longitude: -107.843590

FACILITY - API Number: 05-045- -00 Facility ID: 334667

Facility Name: RULISON FEDERAL-67S94W Number: 1SWSW

Qtrqtr: SWS Sec: 1 Twp: 7S Range: 94W Meridian: 6
W

Latitude: 39.462810 Longitude: -107.843590

CORRECTIVE ACTIONS:

3 CA# 189204

Corrective Action: Oil and gas operators shall implement and maintain Best Management Practices (BMPs) at all oil and gas locations to control stormwater runoff in a manner that minimizes erosion, transport of sediment offsite, and site degradation. BMPs shall be maintained until the facility is abandoned and final reclamation is achieved.

Date: 12/28/2023

Response: CA COMPLETED

Date of Completion: 12/18/2023

Operator
Comment:

Repaired, see photo.

COGCC Decision: **Not Approved**

COGCC Representative: Operator provided insufficient corrective action information

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: 1/22/2024 10:00:59 AM

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>
403661673	FIR RESOLUTION SUBMITTED
403661677	Repaired.

Total Attach: 2 Files