

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:

403671212

Date Received:

01/30/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 4 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: 708902470

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: 416986

Location Name: Battlement Mesa Number: 35L-795 Pad County: _____

Qtrqr: NWS Sec: 35 Twp: 7S Range: 95W Meridian: 6
W

Latitude: 39.392418 Longitude: -107.972010

FACILITY - API Number: 05-045- -00 Facility ID: 416986

Facility Name: Battlement Mesa Number: 35L-795 Pad

Qtrqr: NWS Sec: 35 Twp: 7S Range: 95W Meridian: 6
W

Latitude: 39.392418 Longitude: -107.972010

CORRECTIVE ACTIONS:

1 CA# 189105

Corrective Action: Remove and properly dispose of all stained materials.

Date: 12/20/2023

Response: CA COMPLETED

Date of Completion: 12/14/2023

Operator
Comment: Cleaned.

COGCC Decision: _____

COGCC Representative:		
3	CA# 189107	
Corrective Action:	All Tanks with a capacity of 10 Barrels or greater will be labeled or posted with the following information: 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.	Date: <u>01/09/2024</u>
Response:	<u>CA COMPLETED</u>	Date of Completion: <u>12/14/2023</u>
Operator Comment:	Replaced.	
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>1/30/2024 1:37:10 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