

State of Colorado Energy & Carbon Management Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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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: <u>10456</u>	Contact Name and Telephone:
Name of Operator: <u>CAERUS PICEANCE LLC</u>	Name: _____
Address: <u>1001 17TH STREET #1600</u>	Phone: () _____ Fax: () _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Romana Cowden</u>	<u>720-951-5895</u>	<u>COGCC.inspections@caerusoilandgas.com</u>

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: _____
Qtrqtr: 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
Qtrqtr: NWS Sec: 35 Twp: 7S Range: 95W Meridian: 6
W
Latitude: 39.392418 Longitude: -107.972010

CORRECTIVE ACTIONS:

1 CA# 189105	
Corrective Action: <u>Remove and properly dispose of all stained materials.</u>	Date: <u>12/20/2023</u>
Response: <u>CA COMPLETED</u>	Date of Completion: <u>12/14/2023</u>
Operator Comment: <u>Cleaned.</u>	
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:

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

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: Romana Cowden

Signed: _____

Title: EHS

Date: 1/30/2024 1:37:10 PM

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