

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:

403712286

Date Received:

03/07/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 5 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: 702501433

Inspection Date: 06/12/2023

FIR Submit Date: 06/12/2023

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: 316151

Location Name: LOVE RANCH FEE-62S97W Number: 9SENV County: _____

Qtrqtr: SENW Sec: 9 Twp: 2S Range: 97W Meridian: 6

Latitude: 39.891742 Longitude: -108.291636

FACILITY - API Number: 05-103-00 Facility ID: 316151

Facility Name: LOVE RANCH FEE-62S97W Number: 9SENV

Qtrqtr: SENW Sec: 9 Twp: 2S Range: 97W Meridian: 6

Latitude: 39.891742 Longitude: -108.291636

CORRECTIVE ACTIONS:

2 CA# 172680

Corrective Action: When no associated Tank battery is present at the Oil and Gas Location, the following information is required on the Well sign: Name of the Operator; Telephone number at which the Operator can be reached at all times; Telephone number for local emergency services (911 where available); The public road used to access the Well; Well name(s) and API number(s); The legal location of the Well(s) including the quarter/quarter section.

Date: 07/13/2023

Response: CA COMPLETED

Date of Completion: 03/07/2024

Operator Comment: Sign was installed, see photo.

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: 3/7/2024 3:53:09 PM

ATTACHMENT LIST

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

Document Number **Description**

403712289

Well sign

Total Attach: 1 Files