

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	Phone	Email
Romana Cowden	720-951-5895	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: 9SENW 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: 9SENW  
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:

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**OPERATOR COMMENT AND SUBMITTAL**

Comment:

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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
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Total Attach: 1 Files