

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:

403714608

Date Received:

03/11/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 2 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: 708902668

Inspection Date: 12/28/2023

FIR Submit Date: 12/31/2023

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: 335588

Location Name: EF I30 595 Number: _____ County: _____

Qtrqtr: NESE Sec: 30 Twp: 5S Range: 95W Meridian: 6

Latitude: 39.583027 Longitude: -108.088753

FACILITY - API Number: 05-045- -00 Facility ID: 335588

Facility Name: EF I30 595 Number: _____

Qtrqtr: NESE Sec: 30 Twp: 5S Range: 95W Meridian: 6

Latitude: 39.583027 Longitude: -108.088753

CORRECTIVE ACTIONS:

2 CA# 189714

Corrective Action:

Date: 01/30/2024

A permanent sign will be conspicuously located at each wellhead and will identify:

- A. The Well name;
- B. The API number; and
- C. Its legal location, including the quarter/quarter section.

(2) When no associated Tank battery is present at the Oil and Gas Location, the following additional information is required on the Well sign:

- A. Name of the Operator;
- B. Telephone number at which the Operator can be reached at all times;
- C. Telephone number for local emergency services (911 where available); and
- D. The public road used to access the Well.

Response: CA COMPLETED

Date of Completion: 02/27/2024

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: 3/11/2024 11:16:35 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>
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403714617	Well sign
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Total Attach: 1 Files