

State of Colorado  
Energy & Carbon Management Commission



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Document Number:

403717590

Date Received:

03/13/2024

## FIR RESOLUTION FORM

### Overall Status:

#### CA Summary:

3 of 3 CAs from the FIR responded to on this Form

3 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: 696205232

Inspection Date: 09/06/2023

FIR Submit Date: 09/08/2023

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: 316202

Location Name: PICEANCE CREEK-62S97W Number: 8SWNE County: \_\_\_\_\_

Qtrqtr: SWNE Sec: 8 Twp: 2S Range: 97W Meridian: 6

Latitude: 39.892642 Longitude: -108.301396

#### FACILITY - API Number: 05-103- -00 Facility ID: 316202

Facility Name: PICEANCE CREEK-62S97W Number: 8SWNE

Qtrqtr: SWNE Sec: 8 Twp: 2S Range: 97W Meridian: 6

Latitude: 39.892642 Longitude: -108.301396

### CORRECTIVE ACTIONS:

1 CA# 180598

Corrective Action: Comply with 606 rules.

Date: 09/06/2023

Response: CA COMPLETED

Date of Completion: 09/08/2023

Operator  
Comment: Removed.

COGCC Decision: \_\_\_\_\_

	COGCC Representative:			
<b>2</b>	<b>CA# 180599</b>			
Corrective Action:		Comply with Rule 606	Date: 09/06/2023	
Response:		CA COMPLETED	Date of Completion: 09/10/2023	
Operator Comment:		Removed.		
COGCC Decision: _____				
COGCC Representative:				
<b>3</b>	<b>CA# 180600</b>			
Corrective Action:		Comply with 1003.a.	Date: 09/06/2023	
Response:		CA COMPLETED	Date of Completion: 09/08/2023	
Operator Comment:		Anchors were marked.		
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: 3/13/2024 11:15:34 AM

### ATTACHMENT LIST

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

<b><u>Document Number</u></b>	<b><u>Description</u></b>

Total Attach: 0 Files