

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:
403734012

Date Received:
03/28/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:
2 of 3 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: 696205596
Inspection Date: 02/05/2024 FIR Submit Date: 02/08/2024 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: 335793

Location Name: CSOC 696-18-66S96W Number: 17NESW County: _____
Qtrqtr: NESW Sec: 17 Twp: 6S Range: 96W Meridian: 6
Latitude: 39.521110 Longitude: -108.134110

FACILITY - API Number: 05-045-00 Facility ID: 335793

Facility Name: CSOC 696-18-66S96W Number: 17NESW
Qtrqtr: NESW Sec: 17 Twp: 6S Range: 96W Meridian: 6
Latitude: 39.521110 Longitude: -108.134110

CORRECTIVE ACTIONS:

1 CA# 191853	Corrective Action: <u>Comply with 603.i</u>	Date: <u>03/08/2024</u>
	Response: <u>CA COMPLETED</u>	Date of Completion: <u>02/12/2024</u>
Operator Comment:	<u>Cap was installed, see photo.</u>	
COGCC Decision:	_____	

COGCC
Representative:

3 CA# 191855

Corrective Action: Install or repair required BMPs in accordance with good engineering practices per Rule 1002.f.(2)C

Date: 02/10/2024

Response: CA COMPLETED

Date of Completion: 03/11/2024

Operator
Comment:

Berm was repaired, erosion was repaired. 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: 3/28/2024 6:22:11 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>
403734013	Erosion Repair
403734015	Cap installed

Total Attach: 2 Files