

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:

403744489

Date Received:

04/05/2024

## 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: 708301712

Inspection Date: 02/20/2024

FIR Submit Date: 02/22/2024

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: 335766

Location Name: CHEVRON-66S96W Number: 4SWSW County: \_\_\_\_\_

Qtrqtr: SWS Sec: 4 Twp: 6S Range: 96W Meridian: 6  
W

Latitude: 39.548500 Longitude: -108.120330

#### FACILITY - API Number: 05-045- -00 Facility ID: 335766

Facility Name: CHEVRON-66S96W Number: 4SWSW

Qtrqtr: SWS Sec: 4 Twp: 6S Range: 96W Meridian: 6  
W

Latitude: 39.548500 Longitude: -108.120330

### CORRECTIVE ACTIONS:

2 CA# 192336

Corrective Action: 1002.f.(2): Oil and gas operators shall implement and maintain Best Management Practices (BMPs) at all oil and gas locations to control Stormwater runoff in a manner that minimizes erosion, transport of sediment offsite, and site degradation. BMPs shall be maintained until the facility is abandoned and final reclamation is achieved pursuant to Rule 1004.

Date: 12/29/2023

Response: CA COMPLETED

Date of Completion: 02/23/2024

Maintenance complete, see photo.

|                          |  |
|--------------------------|--|
| Operator<br>Comment:     |  |
| COGCC Decision:          |  |
| COGCC<br>Representative: |  |

|   |                            |
|---|----------------------------|
| <u>OPERATOR COMMENT AND SUBMITTAL</u>   |                            |
| 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: 4/5/2024 10:22:40 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> |
|------------------------|--------------------|
| 403744494              | Tracking Repaired  |

Total Attach: 1 Files