

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:

403752107

Date Received:

04/12/2024

## FIR RESOLUTION FORM

### Overall Status:

#### CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed  
0 Factual Review Request

### OPERATOR INFORMATION

ECMC 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

### ECMC INSPECTION SUMMARY:

FIR Document Number: 708301704

Inspection Date: 02/20/2024

FIR Submit Date: 02/21/2024

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: 335814

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

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

Latitude: 39.555970 Longitude: -108.117720

#### FACILITY - API Number: 05-045- -00 Facility ID: 335814

Facility Name: CHEVRON-66S96W Number: 4SWNW

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

Latitude: 39.555970 Longitude: -108.117720

### CORRECTIVE ACTIONS:

1 CA# 192292

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 was complete, see photo.

Operator Comment:	
ECMC Decision:	
ECMC 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: 4/12/2024 9:21:35 AM

**ATTACHMENT LIST**

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

<u>Document Number</u>	<u>Description</u>
403752109	Tracking maintained

Total Attach: 1 Files