

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:  
403756045

Date Received:  
04/16/2024

FIR RESOLUTION FORM

Overall Status: CAC

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         | Phone               | Email  |
| <u>Romana Cowden</u> | <u>720-951-5895</u> | <u>COGCC.inspections@caerusoilandgas.com</u> |

ECMC INSPECTION SUMMARY:

FIR Document Number: 708902866  
Inspection Date: 01/23/2024 FIR Submit Date: 01/23/2024 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: 324250

Location Name: S.PARACHUTE TBI-67S96W Number: 36SENE County: \_\_\_\_\_  
Qtrqtr: SENE Sec: 36 Twp: 7S Range: 96W Meridian: 6  
Latitude: 39.395870 Longitude: -108.051660

FACILITY - API Number: 05-045-00 Facility ID: 324250

Facility Name: S.PARACHUTE TBI-67S96W Number: 36SENE  
Qtrqtr: SENE Sec: 36 Twp: 7S Range: 96W Meridian: 6  
Latitude: 39.395870 Longitude: -108.051660

CORRECTIVE ACTIONS:

1  CA# 191288

Corrective Action: The storage or placement of equipment not necessary for use on location is prohibited. Date: 02/22/2024

Response: CA COMPLETED Date of Completion: 03/26/2024

Operator Comment: Unused equipment was removed. Missing caps were added to tank. Tank is going to be used soon (a containment will be added), so we are leaving it on-site. See photos.

ECMC Decision: **Not Approved**

Operator provided no corrective action information

ECMC  
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: 4/16/2024 11:52:06 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>           |
|------------------------|------------------------------|
| 403756045              | FIR RESOLUTION SUBMITTED     |
| 403756109              | Unused equipment was removed |
| 403756110              | Unused equipment was removed |

Total Attach: 3 Files