

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:
403773769

Date Received:
04/30/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 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: 696205523
Inspection Date: 01/05/2024 FIR Submit Date: 01/10/2024 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: 334583

Location Name: PARKER RANCH-67S93W Number: 15NWNW County: _____
Qtrqtr: NWN Sec: 15 Twp: 7S Range: 93W Meridian: 6
W
Latitude: 39.450130 Longitude: -107.766010

FACILITY - API Number: 05-045-00 Facility ID: 334583

Facility Name: PARKER RANCH-67S93W Number: 15NWNW
Qtrqtr: NWN Sec: 15 Twp: 7S Range: 93W Meridian: 6
W
Latitude: 39.450130 Longitude: -107.766010

CORRECTIVE ACTIONS:

1 CA# 189974

Corrective Action: Install or repair containment BMP; ensure containment remains impervious to contain a spill or release. Date: 01/05/2024

Response: CA COMPLETED Date of Completion: 04/29/2024

Operator Comment: The liner was replaced, see photo.

ECMC Decision:

ECMC
Representative:

[Empty text box]

2 CA# 189975

Corrective Action: Cap/Plug line to prevent wildlife access.

Date: 01/05/2024

Response: CA COMPLETED

Date of Completion: 03/29/2024

Operator
Comment:

Cap was added, see photo.

[Empty text box]

ECMC Decision:

[Empty text box]

ECMC
Representative:

[Empty text box]

OPERATOR COMMENT AND SUBMITTAL

Comment:

[Empty text box]

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: 4/30/2024 10:16:14 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>
403773785	Liner was replaced
403773786	Cap was added

Total Attach: 2 Files