

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:
403344522

Date Received:
03/13/2023

FIR RESOLUTION FORM

Overall Status: FRQ

CA Summary:

1 of 4 CAs from the FIR responded to on this Form

0 CA Completed
1 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: 708900102
Inspection Date: 03/09/2023 FIR Submit Date: 03/10/2023 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: 335856

Location Name: N. PARACHUTE-66S96W Number: 9SWNW County: GARFIELD
Qtrqr: SWN Sec: 9 Twp: 6S Range: 96W Meridian: 6
W
Latitude: 39.539360 Longitude: -108.118504

FACILITY - API Number: 05-045-00 Facility ID: 293450

Facility Name: N. Parachute Number: MF10B E09 696
Qtrqr: SWN Sec: 9 Twp: 6S Range: 96W Meridian: 6
W
Latitude: 39.539360 Longitude: -108.118504

CORRECTIVE ACTIONS:

3 CA# 168049

Corrective Action: The Operator will conspicuously post and maintain the date of the last meter calibration in a legible condition at each meter at all times.

Date: 03/20/2023

Response: FACTUAL REVIEW REQUEST

Basis for Review: Action requested was already completed prior to the inspection

Meter data card is attached to each meter tube inside the meter skid, and contains the date of the last meter calibration. Full records are available by request per the rule. Caerus believes we are compliance with this rule.

Operator
Comment:

ECMC Decision: Approved pending re-inspection

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: 3/13/2023 2:41:37 PM

ATTACHMENT LIST

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

Document Number **Description**

403344522	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files