

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:
403797282

Date Received:
05/20/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 3 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC Operator Number: <u>10456</u>	Contact Name and Telephone:
Name of Operator: <u>CAERUS PICEANCE LLC</u>	Name: _____
Address: <u>1001 17TH STREET #1600</u>	Phone: () _____ Fax: () _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Romana Cowden</u>		<u>COGCC.inspections@caerusoilandgas.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 702502542

Inspection Date: 04/02/2024 FIR Submit Date: 04/02/2024 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: 335897

Location Name: PICEANCE CREEK UNIT-61S97W Number: 34SESE County: _____

Qtrqtr: SESE Sec: 34 Twp: 1S Range: 97W Meridian: 6

Latitude: 39.915700 Longitude: -108.261186

FACILITY - API Number: 05-103-00 Facility ID: 335897

Facility Name: PICEANCE CREEK UNIT-61S97W Number: 34SESE

Qtrqtr: SESE Sec: 34 Twp: 1S Range: 97W Meridian: 6

Latitude: 39.915700 Longitude: -108.261186

CORRECTIVE ACTIONS:

3 CA# 193907	
Corrective Action: <div style="border: 1px solid black; padding: 5px;">When no associated Tank battery is present at the Oil and Gas Location, the following information is required on the Well sign: Name of the Operator; Telephone number at which the Operator can be reached at all times; Telephone number for local emergency services (911 where available); The public road used to access the Well; Well name(s) and API number(s); The legal location of the Well(s) including the quarter/quarter section.</div>	Date: <u>05/03/2024</u>
Response: <u>CA COMPLETED</u>	Date of Completion: <u>05/01/2024</u>
Sign was installed, see photo.	

Operator
Comment:

ECMC Decision:

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: 5/20/2024 2:10:47 PM

ATTACHMENT LIST

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

Document Number **Description**

403797303	Well sign
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Total Attach: 1 Files