

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: 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

Romana Cowden

COGCC.inspections@caerusoilandgas.com

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: 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.

Date: 05/03/2024

Response: CA COMPLETED

Date of Completion: 05/01/2024

Sign was installed, 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: 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.

<u>Document Number</u>	<u>Description</u>
403797303	Well sign

Total Attach: 1 Files