

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:

403800639

Date Received:

05/22/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 2 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

Caerus

(970) 285-2600

COGCC.inspections@caerusoilandgas.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 715500039

Inspection Date: 05/20/2024

FIR Submit Date: 05/20/2024

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: 335712

Location Name: PICEANCE CREEK UNIT-62S97W Number: 11NESW County: _____

Qtrqtr: NESW Sec: 11 Twp: 2S Range: 97W Meridian: 6

Latitude: 39.891224 Longitude: -108.251117

FACILITY - API Number: 05-103-00 Facility ID: 335712

Facility Name: PICEANCE CREEK UNIT-62S97W Number: 11NESW

Qtrqtr: NESW Sec: 11 Twp: 2S Range: 97W Meridian: 6

Latitude: 39.891224 Longitude: -108.251117

CORRECTIVE ACTIONS:

1 CA# 195319

Corrective Action: The Tank battery sign will be no less than 3 square feet and no more than 6 square feet, and will provide: 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 Tank battery site; Well name(s) and API number(s) associated with the Tank battery and the legal location of the Well(s); and Location, including the quarter/quarter section, of the Tank battery.

Date: 07/20/2024

Response: CA COMPLETED

Date of Completion: 05/22/2024

Installed new sign

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: Nick Croy	Signed:
Title: Compliance	Date: 5/22/2024 2:27:44 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>
403800656	Installed new sign

Total Attach: 1 Files