

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:

403839048

Date Received:

06/27/2024

## FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 4 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

Romana Cowden

Phone

(970) 285-2600

Email

COGCC.inspections@caerusoilandgas.com

### ECMC INSPECTION SUMMARY:

FIR Document Number: 715500267

Inspection Date: 06/17/2024

FIR Submit Date: 06/17/2024

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: 315347

Location Name: PICEANCE CREEK UNIT-62S96W Number: 18NESW County: RIO BLANCO

Qtrqr: NESW Sec: 18 Twp: 2S Range: 96W Meridian: 6

Latitude: 39.876360 Longitude: -108.212270

### FACILITY - API Number: 05-103-00 Facility ID: 230672

Facility Name: PICEANCE CREEK UNIT Number: F23-18G

Qtrqr: NESW Sec: 18 Twp: 2S Range: 96W Meridian: 6

Latitude: 39.876360 Longitude: -108.212270

### CORRECTIVE ACTIONS:

4 ☒ CA# 195948

Corrective Action: Operators will report all existing oil and gas Wells that are not Plugged and Abandoned on the Form 7, Operator's Monthly Report of Operations within 45 days after the end of each month.

Date: 07/18/2024

Response: CA COMPLETED

Date of Completion: 06/18/2024

Operator Comment: Production reporting for March is available on ECMC's website. Additionally, production reporting for April was submitted June 12th

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: 6/27/2024 2:40:53 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

403839048	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files