

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:
403908756

Date Received:
09/04/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:
 2 of 3 CAs from the FIR responded to on this Form
 2 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>.Caerus</u>		<u>COGCC.inspections@caerusoilandgas.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 708904470
 Inspection Date: 08/28/2024 FIR Submit Date: 09/01/2024 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: 334156

Location Name: Shideler Fee Number: 31-13C (O31E) County: _____
 Qtrqtr: SWSE Sec: 31 Twp: 7S Range: 92W Meridian: 6
 Latitude: 39.396389 Longitude: -107.706410

FACILITY - API Number: 05-045-00 Facility ID: 334156

Facility Name: Shideler Fee Number: 31-13C (O31E)
 Qtrqtr: SWSE Sec: 31 Twp: 7S Range: 92W Meridian: 6
 Latitude: 39.396389 Longitude: -107.706410

CORRECTIVE ACTIONS:

1 CA# 198246	
Corrective Action: <u>The liner will be sufficiently impervious so that any discharge from a primary containment system will not escape containment before cleanup occurs.</u>	Date: <u>09/21/2024</u>
Response: <u>CA COMPLETED</u>	Date of Completion: <u>09/03/2024</u>
Operator Comment: <u>Liner repaired. See Photos.</u>	

ECMC Decision:

ECMC
Representative:

[Empty text box]

2 CA# 198247

Corrective Action: Comply with CECMC wildlife rules

Date: 09/08/2024

Response: CA COMPLETED

Date of Completion: 09/03/2024

Operator
Comment:

Closed open ended flowline heating insulation. See photos.

ECMC Decision: _____

ECMC
Representative:

[Empty text box]

OPERATOR COMMENT AND SUBMITTAL

Comment:

[Empty text box]

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Justin Johnson

Signed: _____

Title: Compliance

Date: 9/4/2024 6:53:45 AM

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>
403908757	Liner repaired.
403908758	Flowline insulation covered.

Total Attach: 2 Files