

State of Colorado Energy & Carbon Management Commission



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Document Number:
403923293

Date Received:
09/17/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:
2 of 4 CAs from the FIR responded to on this Form
2 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: 715500610
Inspection Date: 09/03/2024 FIR Submit Date: 09/03/2024 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: 335713

Location Name: FREEDOM UNIT-297 Number: 17-A County: _____
Qtrqtr: NWSE Sec: 17 Twp: 2S Range: 97W Meridian: 6
Latitude: 39.874072 Longitude: -108.301455

FACILITY - API Number: 05-103-00 Facility ID: 335713

Facility Name: FREEDOM UNIT-297 Number: 17-A
Qtrqtr: NWSE Sec: 17 Twp: 2S Range: 97W Meridian: 6
Latitude: 39.874072 Longitude: -108.301455

CORRECTIVE ACTIONS:

1 CA# 198295
Corrective Action: All stacks, vents, or other openings will be equipped with screens or other appropriate equipment to prevent entry by wildlife, including birds and bats. Date: 09/14/2024
Response: CA COMPLETED Date of Completion: 09/10/2024
Operator Comment: all caps were replaced
ECMC Decision: _____

ECMC
Representative:

2 CA# 198296

Corrective Action: Vents on pressure safety devices will terminate in a manner so as not to endanger the public or adjoining facilities. They will be designed to be clear and free of debris and water at all times.

Date: 09/19/2024

Response: CA COMPLETED

Date of Completion: 09/10/2024

Operator
Comment: caps were replaced

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: Nick Croy

Signed: _____

Title: Compliance

Date: 9/17/2024 7:52:35 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>
403923297	Caps were installed

Total Attach: 1 Files