

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:
404011638

Date Received:
12/02/2024

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

Energy_QB

(970) 285-2600

ecmc.inspections@qb-energy.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 715500867

Inspection Date: 10/28/2024

FIR Submit Date: 10/29/2024

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: 336007

Location Name: FREEDOM UNIT-61S97W Number: 33SWNE County: _____

Qtrqtr: SWNE Sec: 33 Twp: 1S Range: 97W Meridian: 6

Latitude: 39.921401 Longitude: -108.282531

FACILITY - API Number: 05-103- -00 Facility ID: 336007

Facility Name: FREEDOM UNIT-61S97W Number: 33SWNE

Qtrqtr: SWNE Sec: 33 Twp: 1S Range: 97W Meridian: 6

Latitude: 39.921401 Longitude: -108.282531

CORRECTIVE ACTIONS:

2 CA# 200149

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: 11/28/2024

Response: CA COMPLETED

Date of Completion: 11/27/2024

Operator
Comment:

Sign was installed

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: 12/2/2024 11:16:04 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>
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Total Attach: 0 Files