

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:

404158729

Date Received:

04/09/2025

## 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

QB Energy

ecmc.inspections@qb-energy.com

### ECMC INSPECTION SUMMARY:

FIR Document Number: 708906155

Inspection Date: 03/25/2025

FIR Submit Date: 04/01/2025

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: 334939

Location Name: TWIN CREEK-67S92W Number: 1SWSE County: \_\_\_\_\_

Qtrqtr: SWSE Sec: 1 Twp: 7S Range: 92W Meridian: 6

Latitude: 39.472360 Longitude: -107.614380

#### FACILITY - API Number: 05-045-00 Facility ID: 334939

Facility Name: TWIN CREEK-67S92W Number: 1SWSE

Qtrqtr: SWSE Sec: 1 Twp: 7S Range: 92W Meridian: 6

Latitude: 39.472360 Longitude: -107.614380

### CORRECTIVE ACTIONS:

1 CA# 203813

Corrective Action: All Tanks with a capacity of 10 Barrels or greater will be labeled or posted with the following information:

Date: 05/01/2025

- A. Name of Operator;
- B. Operator's emergency contact telephone number;
- C. Tank capacity;
- D. Tank contents; and
- E. NFPA label or equivalent globally harmonized label.

Response: CA COMPLETED

Date of Completion: 04/09/2025

Operator  
Comment: Installed proper labeling on tanks.

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: Justin Johnson

Signed: \_\_\_\_\_

Title: Compliance

Date: 4/9/2025 12:20:05 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

404158943	Properly labeled tank.
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Total Attach: 1 Files