

# State of Colorado Energy & Carbon Management Commission



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Document Number:  
404276341

Date Received:  
07/11/2025

## 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: <u>10844</u>	Contact Name and Telephone:
Name of Operator: <u>QB ENERGY OPERATING LLC</u>	Name: _____
Address: <u>1001 17TH STREET SUITE 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>Romana Cowden</u>		<u>ecmc.inspections@qb-energy.com</u>

### ECMC INSPECTION SUMMARY:

FIR Document Number: 718100397

Inspection Date: 03/25/2025 FIR Submit Date: 04/02/2025 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: 315260

Location Name: U S A PICEANCE CREEK-62S97W Number: 11SENE County: \_\_\_\_\_

Qtrqtr: SENE Sec: 11 Twp: 2S Range: 97W Meridian: 6

Latitude: 39.894972 Longitude: -108.241814

### FACILITY - API Number: 05-103-00 Facility ID: 315260

Facility Name: U S A PICEANCE CREEK-62S97W Number: 11SENE

Qtrqtr: SENE Sec: 11 Twp: 2S Range: 97W Meridian: 6

Latitude: 39.894972 Longitude: -108.241814

### CORRECTIVE ACTIONS:

<b>1</b> CA# 203817	
Corrective Action: <u>Comply with Rules 606.c and 1004.e.</u>	Date: <u>06/01/2025</u>
<p>Since this species generally flowers from June to August, a longer CA date is being proved to allow Operator a larger "seasonal timing window" to address the weeds on Location.</p>	
Response: <u>CA COMPLETED</u>	Date of Completion: <u>05/06/2025</u>
<p>Flowers were removed in August 2024 prior to seed dispersal. Remainder of skeletons removed 4/30. First pas completed 5/6 by weed contractors and no rosettes were identified.</p>	

Operator \_\_\_\_\_  
Comment: \_\_\_\_\_

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: Romana Cowden Signed: \_\_\_\_\_

Title: EHS Date: 7/11/2025 10:26:24 AM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

<b><u>Document Number</u></b>	<b><u>Description</u></b>

Total Attach: 0 Files