

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:
401671364
Date Received:
06/12/2018

FIR RESOLUTION FORM

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC 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
Lindsey Rider 970-285-2711 cogcc.inspections@caerusoilandgas.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 689301234
Inspection Date: 05/31/2018 FIR Submit Date: 05/31/2018 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: 334738

Location Name: FEDERAL-67S94W Number: 10NENE County: GARFIELD
Qtrqr: NENE Sec: 10 Twp: 7S Range: 94W Meridian: 6
Latitude: 39.458900 Longitude: -107.866870

FACILITY - API Number: 05-045- -00 Facility ID: 277640

Facility Name: FEDERAL Number: 10-2D (RA10)
Qtrqr: NENE Sec: 10 Twp: 7S Range: 94W Meridian: 6
Latitude: 39.458900 Longitude: -107.866870

CORRECTIVE ACTIIONS:

1 CA# 116612

Corrective Action: Repair or install berms or other secondary containment devices per Rule 906.d.(1). Date: 07/01/2018

Response: CA COMPLETED Date of Completion: 06/11/2018

Operator Comment: The liner was repaired.

COGCC Decision: Approved

COGCC Representative: Approval/passing of the Form 4 / FIRR acknowledges that the Oil and Gas Conservation Commission has received the Notice. A field inspection will be conducted to evaluate compliance.

2 CA# 116613

Corrective Action:

Date: 06/10/2018

Response: CA COMPLETED

Date of Completion: 06/08/2018

Operator Comment:

COGCC Decision: Approved pending re-inspection

COGCC 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: Lindsey Rider

Signed: _____

Title: EHS Lead

Date: 6/12/2018 3:35:03 PM

ATTACHMENT LIST

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

Document Number **Description**

401671364	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files