

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:  
401777420

Date Received:  
09/27/2018

**FIR RESOLUTION FORM**

Overall Status: CAC

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: 692400057

Inspection Date: 08/22/2018

FIR Submit Date: 08/29/2018

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: 335699

Location Name: NPR Number: G09 Pad County: \_\_\_\_\_

Qtrqtr: SENW Sec: 9 Twp: 5S Range: 96W Meridian: 6

Latitude: 39.632252 Longitude: -108.173752

FACILITY - API Number: 05-045- -00 Facility ID: 335699

Facility Name: NPR Number: G09 Pad

Qtrqtr: SENW Sec: 9 Twp: 5S Range: 96W Meridian: 6

Latitude: 39.632252 Longitude: -108.173752

CORRECTIVE ACTIONS:

**1** CA# 118295

Corrective Action: Install cellar covers to maximize safety and wildlife welfare.

Date: 09/12/2018

Response: CA COMPLETED

Date of Completion: 09/12/2018

Operator  
Comment: Covers installed.

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

2 CA# 118296

Corrective Action: Securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 605.d.

Date: 08/31/2018

Response: CA COMPLETED

Date of Completion: 08/31/2018

Operator  
Comment:

Valve was tightened.

COGCC Decision:

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: 9/27/2018 4:56:10 PM

#### ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
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Total Attach: 0 Files