

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:
401777423

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: 692400079

Inspection Date: 08/22/2018

FIR Submit Date: 09/03/2018

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: 311674

Location Name: N,PARACHUTE-65S96W Number: 4NWNE County: _____

Qtrqtr: NWNE Sec: 4 Twp: 5S Range: 96W Meridian: 6

Latitude: 39.648576 Longitude: -108.173070

FACILITY - API Number: 05-045-00 Facility ID: 311674

Facility Name: N,PARACHUTE-65S96W Number: 4NWNE

Qtrqtr: NWNE Sec: 4 Twp: 5S Range: 96W Meridian: 6

Latitude: 39.648576 Longitude: -108.173070

CORRECTIVE ACTIONS:

1 CA# 118372

Corrective Action: Remove stockpile from site unless needed for short term maintenance of Location.

Date: 10/05/2018

Response: CA COMPLETED

Date of Completion: 09/20/2018

Operator Comment: Stockpile incorporated into pad surface and stabilized.

COGCC Decision: _____

COGCC Representative: _____

2 CA# 118373

Corrective Action: Install or repair required BMPs per Rule 1002.f.

Date: 10/05/2018

Response: CA COMPLETED

Date of Completion: 09/20/2018

Operator Comment: BMPs repaired

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: Lindey Rider

Signed: _____

Title: EHS Lead

Date: 9/27/2018 4:59:19 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>

Total Attach: 0 Files