

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:

401779554

Date Received:

10/01/2018

FIR RESOLUTION FORM

CA Summary:

2 of 5 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: 681701078

Inspection Date: 08/28/2018

FIR Submit Date: 09/04/2018

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: 335114

Location Name: PUCKETT-66S97W Number: 25NWNE County: _____

Qtrqr: NWNE Sec: 25 Twp: 6S Range: 97W Meridian: 6

Latitude: 39.500016 Longitude: -108.167110

FACILITY - API Number: 05-045- -00 Facility ID: 335114

Facility Name: PUCKETT-66S97W Number: 25NWNE

Qtrqr: NWNE Sec: 25 Twp: 6S Range: 97W Meridian: 6

Latitude: 39.500016 Longitude: -108.167110

CORRECTIVE ACTIONS:

3 ☒ CA# 118384

Corrective Action: Install sign to comply with Rule 210.b. See Tanks and Berms section for additional corrective actions.

Date: 11/04/2018

Response: CA COMPLETED

Date of Completion: 09/20/2018

Operator
Comment:

NFPA, contents, capacity and operator have been added to the temporary tank.

COGCC Decision: Approved pending re-inspection

COGCC
Representative:

4 ☒ CA# 118385

Corrective Action: Install sign to comply with Rule 210.d.

Date: 11/04/2018

Response: CA COMPLETED

Date of Completion: 09/20/2018

Operator
Comment: NFPA, contents, capacity and operator have been added to the temporary tank.

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: 10/1/2018 9:45:30 AM

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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401779554	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files