

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:

401799510

Date Received:

10/17/2018

FIR RESOLUTION FORM

Overall Status: FRQ

CA Summary:

1 of 4 CAs from the FIR responded to on this Form

0 CA Completed
1 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

Lindsey Rider

Phone

970-285-2711

Email

cogcc.inspections@caerusoilandgas.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 689302105

Inspection Date: 10/11/2018

FIR Submit Date: 10/11/2018

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: 334859

Location Name: BOULTON-66S92W Number: 33SENW County: GARFIELD

Qtrqr: SENW Sec: 33 Twp: 6S Range: 92W Meridian: 6

Latitude: 39.484600 Longitude: -107.675410

FACILITY - API Number: 05-045- -00 Facility ID: 261016

Facility Name: BOULTON Number: 33-6A (F33)

Qtrqr: SENW Sec: 33 Twp: 6S Range: 92W Meridian: 6

Latitude: 39.484600 Longitude: -107.675410

CORRECTIVE ACTIONS:

3 CA# 119472

Corrective Action:

Comply with Rule 603.f .
For unused , unmarked flowline risers 24 hrs to lock out tag out. 30 days to remove riser.

Date: 11/11/2018

Response: FACTUAL REVIEW REQUEST

Basis for Review: Action requested was already completed prior to the inspection

Operator
Comment:

The dump lines are marked with tags and being kept for future use. These lines were pressure tested and the data was submitted during the NTO process. The lines will be pressure tested again as required and prior to being put back in service. Please remove this corrective action from the inspection.

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: 10/17/2018 10:16:41 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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Total Attach: 0 Files