

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:

401834416

Date Received:

11/09/2018

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

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

1 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: 689701849

Inspection Date: 10/01/2018

FIR Submit Date: 10/01/2018

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: 335798

Location Name: CHEVRON-66S96W Number: 7NWSW County: _____

Qtrqr: NWS Sec: 7 Twp: 6S Range: 96W Meridian: 6
W

Latitude: 39.536110 Longitude: -108.156080

FACILITY - API Number: 05-045- -00 Facility ID: 335798

Facility Name: CHEVRON-66S96W Number: 7NWSW

Qtrqr: NWS Sec: 7 Twp: 6S Range: 96W Meridian: 6
W

Latitude: 39.536110 Longitude: -108.156080

CORRECTIVE ACTIONS:

2 CA# 119153

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

Date: 10/31/2018

Response: CA COMPLETED

Date of Completion: 10/24/2018

Operator
Comment: sediment removed.

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: 11/9/2018 12:05:08 PM

ATTACHMENT LIST

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

Document Number **Description**

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Total Attach: 0 Files